

FIG. 1

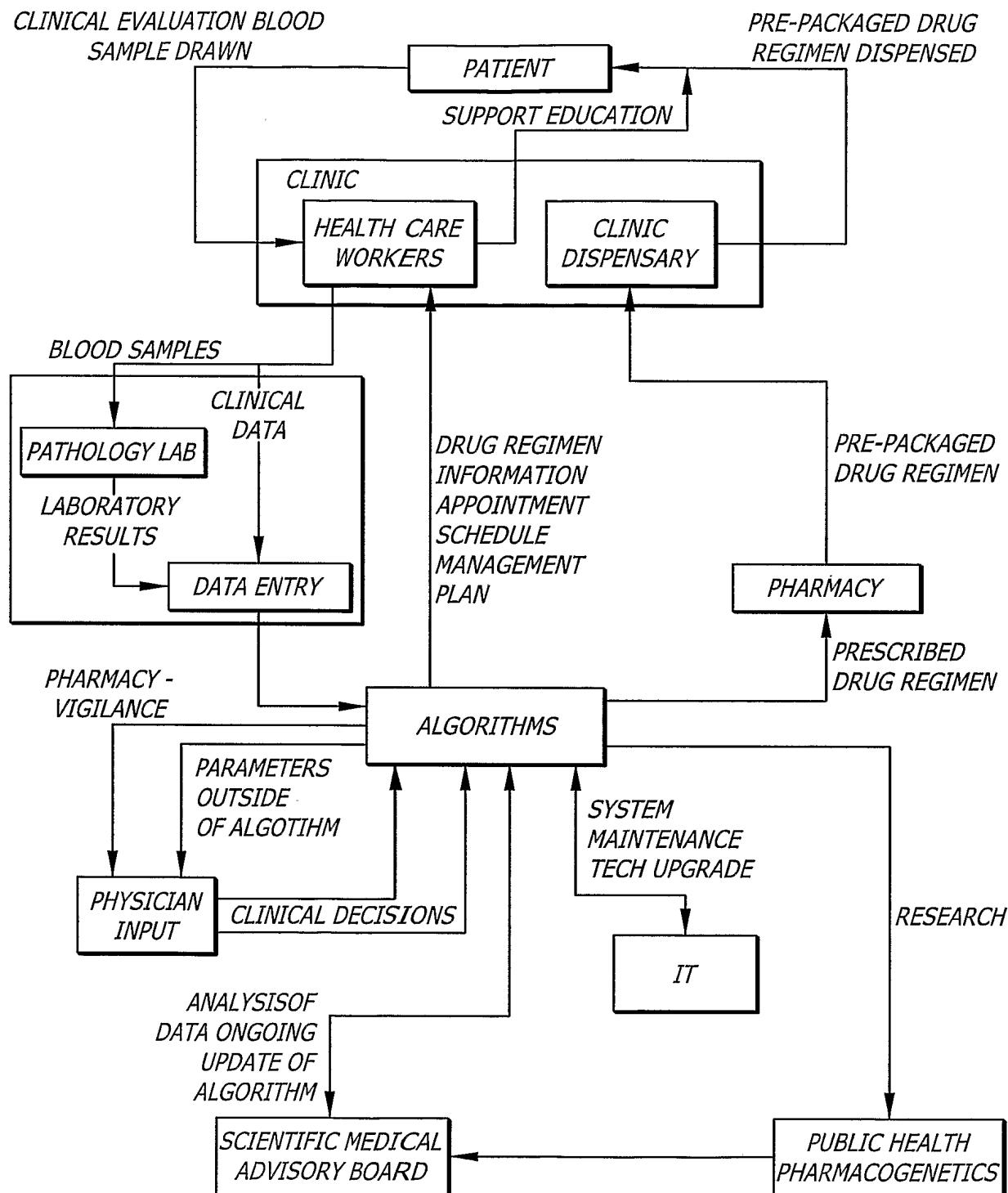


FIG. 2.1

Date Prepared	Form Number																
	<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr><tr><td>M</td><td>M</td><td>D</td><td>D</td><td></td><td></td><td></td><td></td></tr></table>	Y	Y	Y	Y	M	M	D	D	M	M	D	D				
Y	Y	Y	Y	M	M	D	D										
M	M	D	D														
<b>ASSESSMENT ART FORM</b>																	
Date of birth		Y Y Y Y	M M	D D													
Height																	
Weight		kg	on	Y Y Y Y	M M	D D											
Now on antiretroviral medicine for HIV/AIDS?		No	USE FOLLOW-UP FORM														
Yes																	
Documented positive HIV tests		0	1	2													
Location:		Y Y Y Y	M M	D D													
Location:		Y Y Y Y	M M	D D													
Previous ART exposure		PEP	Yes	No	Unknown												
		PMTCT	Yes	No	Unknown												
		ART interupted	Yes	No	Unknown												
Treatment Readiness		Yes	No														
Do you want to be on medicine for AIDS?		Yes	No														
Drug literacy training complete		Yes	No														
Adherence training complete		Yes	No														
Social worker consultation complete		Yes	No														
Home visit complete		Yes	No														
Gender		Male	Female														
For Female:		Yes	No	Maybe													
Are you pregnant?		Yes	No														
Are you able to have children?		Yes	No														
Do you want to have children at this time?		Yes	No														
Are you using reliable contraception?		Yes	No	Maybe	Unknown												
WHO Stage		Defining Condition															
WHO Clinical Stage 1		1															
WHO Clinical Stage 2		2															
WHO Clinical Stage 3		3															
WHO Clinical Stage 4		4															
Pneumocystis Pneumonia - current or previous		Yes	No	Unknown													
Thrush - persistent		Yes	No	Unknown													
Cotrimoxazole		Yes	No	Unknown													
Allergic to cotrimoxazole?		Yes	No	Unknown													
Was cotrimoxazole dispensed?		Yes	No	Unknown													
Cotrimoxazole pill count - Is patient compliant?		Yes	No	Unknown													
Has patient kept 3 appointments in a row?		Yes	No	Unknown													
Pain and/or tingling in hands and/or feet?		Yes	No	Unknown													
Pain and tingling do not cause a problem walking		Mild															
Pain and tingling > 3 days - non-narcotic analgesia required		Moderate															
Walks with great difficulty - narcotic analgesia required		Severe															
Unable to walk - narcotic analgesia does not help		Incapacitating															
Psychological problems now or in the past		Yes	No	Unknown													
Depression - overwhelming sadness, not related to any event		Depression															
Thoughts or attempts of suicide		Suicide															
Previous mental illness requiring treatment/hospitalization		Mental Illness															

FIG. 2.2

<b>Nevirapine</b>											
Have you ever taken Nevirapine?											
Nevirapine Skin Rash											
Redness, itching											
Diffuse rash, dry and peeling											
Blisters, moist peeling, sores											
Severe redness, ulcers, skin sloughing off											
Yes			No			Unknown					
Yes			No			Unknown					
Mild											
Moderate											
Severe											
Incapacitating											
<b>Regimen Failure</b>											
Has the patient failed Regimen 1a											
Virologic failure											
Therapeutic failure (side effects)											
Has the patient failed Regimen 1b											
Virologic failure											
Therapeutic failure (side effects)											
Nevirapine Resistant - proven											
Yes			No			Unknown					
Yes			No			Unknown					
Yes			No			Unknown					
Yes			No			Unknown					
Yes			No			Unknown					
Yes			No			Unknown					
<b>TB</b>											
Are you being treated for active TB now?											
Treatment for active TB in the past 2 years?											
Is your treatment for active TB complete?											
Date active TB treatment started											
Are you taking Isoniazid to prevent TB now?											
Date Isoniazid treatment started											
Cough > 2 weeks											
Fever > 2 weeks											
Night sweats											
Weight loss > 1.5 kg in past 4 weeks											
Sputum tested for TB in the last 3 months?											
Result of TB sputum test											
Yes			No			Unknown					
Yes			No			Unknown					
Yes			No			Unknown					
Y Y Y Y			M M D D								
Yes			No			Unknown					
Y Y Y Y			M M D D								
Yes			No								
Yes			No								
Yes			No								
Yes			No								
Positive			Negative								
<b>LABS</b>											
	Previous	Current									
<b>Date</b>											
Weight										kg	
CD4										c/mL	
Viral Load										c/mm <sup>3</sup>	
Liver – ALT										U/L	
Hemoglobin										g/L	
Neutrophils										/mm <sup>3</sup>	
Lipase										U/L	
Creatinine										umol/L	
MCV										fL	
Platelets										10 <sup>9</sup> /L	
Hepatitis A	Positive	Negative									
Hepatitis B	Positive	Negative									
Hepatitis C	Positive	Negative									
TB Skin Test	Positive	Negative									
TB Sputum	Positive	Negative									

Form Filled in by \_\_\_\_\_ Title \_\_\_\_\_

FIG. 3.1

Date Prepared	Form Number																								
	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D																								
<b>FOLLOW-UP ART FORM</b>																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Date of birth</td> <td><input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y      <input type="checkbox"/> M <input type="checkbox"/> M      <input type="checkbox"/> D <input type="checkbox"/> D</td> </tr> <tr> <td>Height</td> <td><input type="text"/> cm</td> </tr> <tr> <td>Weight</td> <td><input type="text"/> kg on <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y      <input type="checkbox"/> M <input type="checkbox"/> M      <input type="checkbox"/> D <input type="checkbox"/> D</td> </tr> </table>		Date of birth	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D	Height	<input type="text"/> cm	Weight	<input type="text"/> kg on <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D																		
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Weight	<input type="text"/> kg on <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D																								
<b>Documented positive HIV tests</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Location:</td> <td><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2</td> </tr> <tr> <td>Date</td> <td><input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y      <input type="checkbox"/> M <input type="checkbox"/> M      <input type="checkbox"/> D <input type="checkbox"/> D</td> </tr> <tr> <td>Location:</td> <td><input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y      <input type="checkbox"/> M <input type="checkbox"/> M      <input type="checkbox"/> D <input type="checkbox"/> D</td> </tr> </table>		Location:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Date	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D	Location:	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D																		
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<b>Now on antiretroviral medicine for HIV/AIDS?</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 15%;">1A:</td> <td><input type="checkbox"/> EFV Stocrin (Efavrenz)</td> <td><input type="checkbox"/> d4T Zerit (Stavudine)</td> <td><input type="checkbox"/> 3TC (Lamivudine)</td> <td rowspan="2" style="width: 15%;">1B:</td> <td><input type="checkbox"/> NVP Virumine (Nevirapine)</td> <td><input type="checkbox"/> d4T Zerit (Stavudine)</td> <td><input type="checkbox"/> 3TC (Lamivudine)</td> </tr> <tr> <td><input type="checkbox"/> ddI Videx (Didanosine)</td> <td><input type="checkbox"/> AZT Retrovir (Zidovudine)</td> <td><input type="checkbox"/> Lopinavir/ Ritonavir Kaletra</td> <td><input type="checkbox"/> Other:</td> <td><input type="checkbox"/> No Yes</td> <td colspan="3">Check drugs in regimen:</td> </tr> </table>		1A:	<input type="checkbox"/> EFV Stocrin (Efavrenz)	<input type="checkbox"/> d4T Zerit (Stavudine)	<input type="checkbox"/> 3TC (Lamivudine)	1B:	<input type="checkbox"/> NVP Virumine (Nevirapine)	<input type="checkbox"/> d4T Zerit (Stavudine)	<input type="checkbox"/> 3TC (Lamivudine)	<input type="checkbox"/> ddI Videx (Didanosine)	<input type="checkbox"/> AZT Retrovir (Zidovudine)	<input type="checkbox"/> Lopinavir/ Ritonavir Kaletra	<input type="checkbox"/> Other:	<input type="checkbox"/> No Yes	Check drugs in regimen:										
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<b>Adherence</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td>&lt;80%</td> <td><input type="checkbox"/></td> <td>80-90%</td> <td><input type="checkbox"/></td> <td>90-95%</td> <td><input type="checkbox"/></td> <td>&gt;95%</td> </tr> </table>		<input type="checkbox"/>	<80%	<input type="checkbox"/>	80-90%	<input type="checkbox"/>	90-95%	<input type="checkbox"/>	>95%																
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<b>Regimen Failure</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 30%;">Has the patient failed Regimen 1a Virologic failure Therapeutic failure (side effects)</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td rowspan="3" style="width: 30%;">Has the patient failed Regimen 1b Virologic failure Therapeutic failure (side effects)</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td colspan="4" style="text-align: center;">Nevirapine Resistant - proven</td> </tr> </table>		Has the patient failed Regimen 1a Virologic failure Therapeutic failure (side effects)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Has the patient failed Regimen 1b Virologic failure Therapeutic failure (side effects)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Nevirapine Resistant - proven			
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	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Unknown																					
	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Unknown																					
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<b>WHO Stage</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 15%;">WHO Clinical Stage 1</td> <td><input type="checkbox"/> 1</td> <td colspan="2" style="width: 80%;">Defining Condition</td> </tr> <tr> <td><input type="checkbox"/> 2</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> 3</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> 4</td> <td colspan="2"></td> </tr> </table>		WHO Clinical Stage 1	<input type="checkbox"/> 1	Defining Condition		<input type="checkbox"/> 2			<input type="checkbox"/> 3			<input type="checkbox"/> 4													
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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown																						
<b>Cotrimoxazole</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 30%;">Allergic to Cotrimoxazole? Was Cotrimoxazole dispensed? Cotrimoxazole pill count - Is patient compliant? Has patient kept 3 appointments in a row?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>		Allergic to Cotrimoxazole? Was Cotrimoxazole dispensed? Cotrimoxazole pill count - Is patient compliant? Has patient kept 3 appointments in a row?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown											
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<b>Pain and/or tingling in hands and/or feet?</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width: 30%;">Pain and tingling do not cause a problem walking Pain and tingling &gt; 3 days - non-narcotic analgesia required Walks with great difficulty - narcotic analgesia required Unable to walk - narcotic analgesia does not help</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Mild</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Moderate</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Severe</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Incapacitating</td> <td colspan="2"></td> </tr> </table>		Pain and tingling do not cause a problem walking Pain and tingling > 3 days - non-narcotic analgesia required Walks with great difficulty - narcotic analgesia required Unable to walk - narcotic analgesia does not help	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Mild			<input type="checkbox"/> Moderate			<input type="checkbox"/> Severe			<input type="checkbox"/> Incapacitating										
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	<input type="checkbox"/> Mild																								
	<input type="checkbox"/> Moderate																								
	<input type="checkbox"/> Severe																								
	<input type="checkbox"/> Incapacitating																								

## FIG. 3.2

<b>Psychological problems now or in the past</b>		
Depression - overwhelming sadness, not related to any event	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Thoughts or attempts of suicide	<input type="checkbox"/> Unknown	
Previous mental illness requiring treatment/hospitalization	<input type="checkbox"/> Unknown	
<b>Nevirapine</b>		
Have you ever taken Nevirapine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nevirapine Skin Rash	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Redness, itching	<input type="checkbox"/> Unknown	
Diffuse rash, dry and peeling	<input type="checkbox"/> Unknown	
Blisters, moist peeling, sores	<input type="checkbox"/> Unknown	
Severe redness, ulcers, skin sloughing off	<input type="checkbox"/> Unknown	
<b>TB</b>		
Are you being treated for active TB now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Treatment for active TB in the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your treatment for active TB complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date active TB treatment started	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Are you taking Isoniazid to prevent TB now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Isoniazid treatment started	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Cough > 2 weeks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fever > 2 weeks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Night sweats	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Weight loss > 1.5 kg in past 4 weeks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sputum tested for TB in the last 3 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Result of TB sputum test	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative

## LABS

	Previous	Previous	Previous	Previous	Previous	Previous	Current
<b>Date</b>							
Weight							kg
CD4							c/mL
Viral Load							c/mm <sup>3</sup>
Liver – ALT							U/L
Hemoglobin							g/L
Neutrophils							/mm <sup>3</sup>
Lipase							U/L
Creatinine							umol/L
MCV							fL
Platelets							10 <sup>9</sup> /L
Hepatitis A	Positive	Negative	Positive	Negative	Positive	Negative	Positive
Hepatitis B	Positive	Negative	Positive	Negative	Positive	Negative	Positive
Hepatitis C	Positive	Negative	Positive	Negative	Positive	Negative	Positive
TB Skin Test	Positive	Negative	Positive	Negative	Positive	Negative	Positive
TB Sputum	Positive	Negative	Positive	Negative	Positive	Negative	Positive

Form Filled in by \_\_\_\_\_

Title \_\_\_\_\_

FIG. 4.1

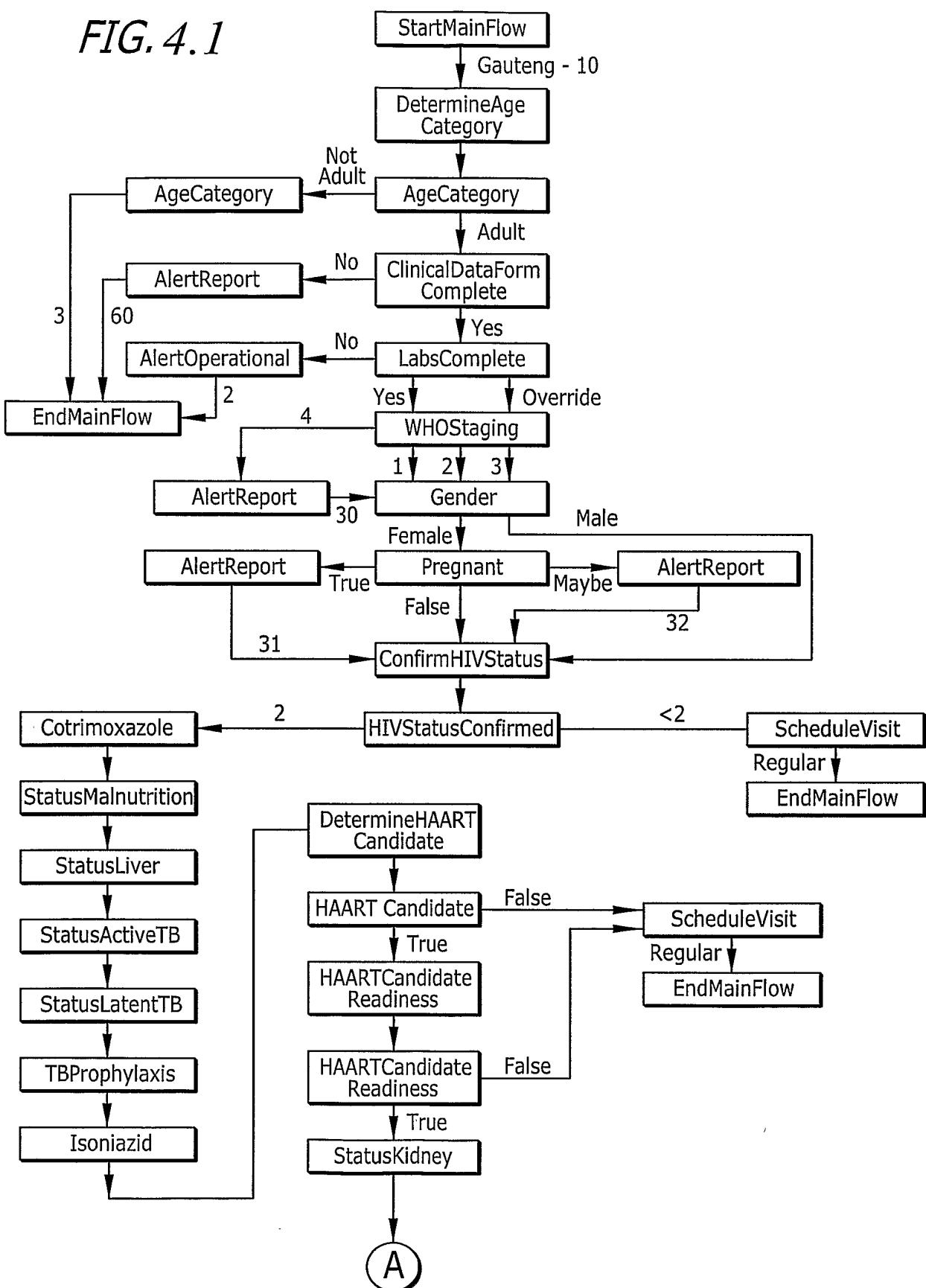
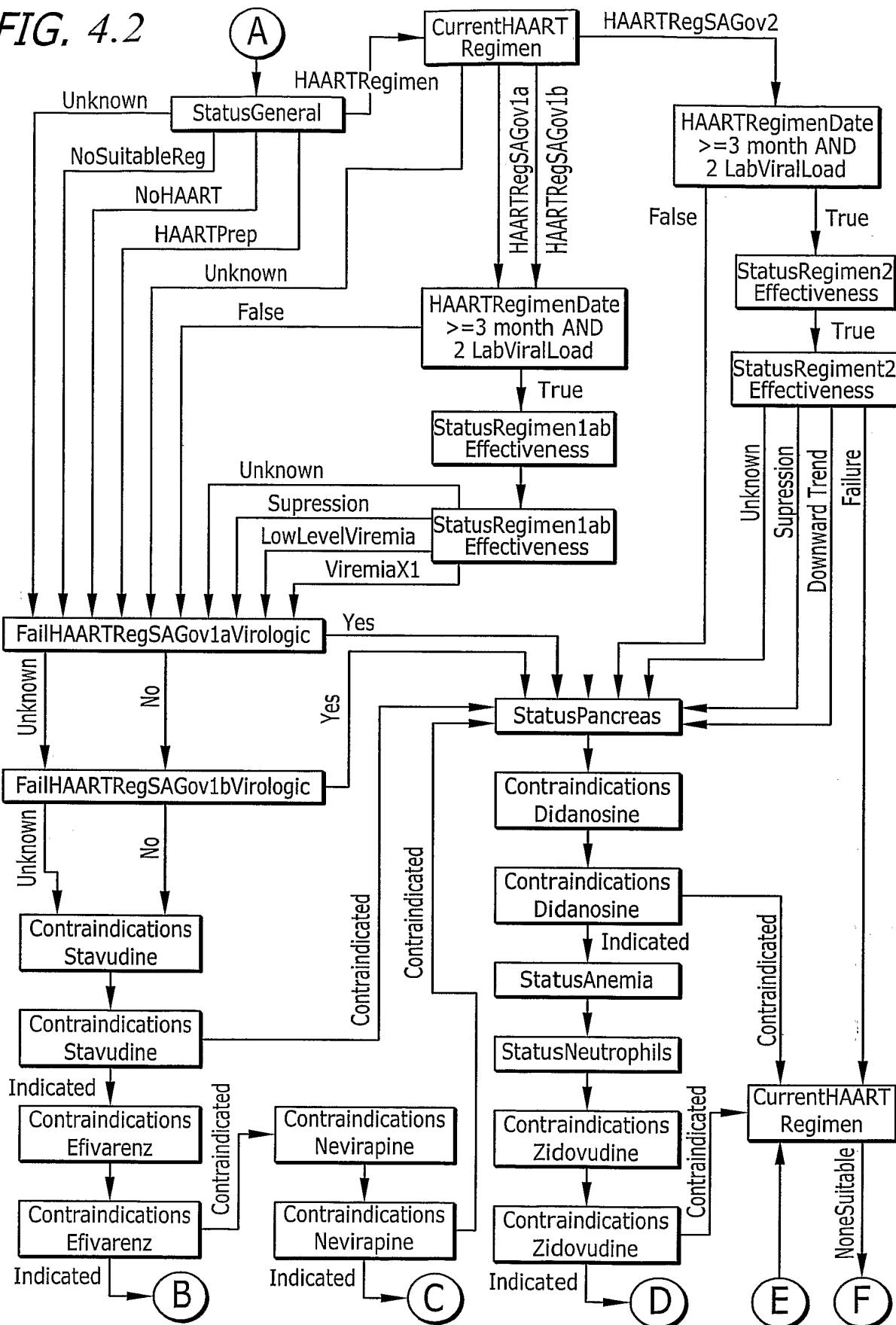


FIG. 4.2



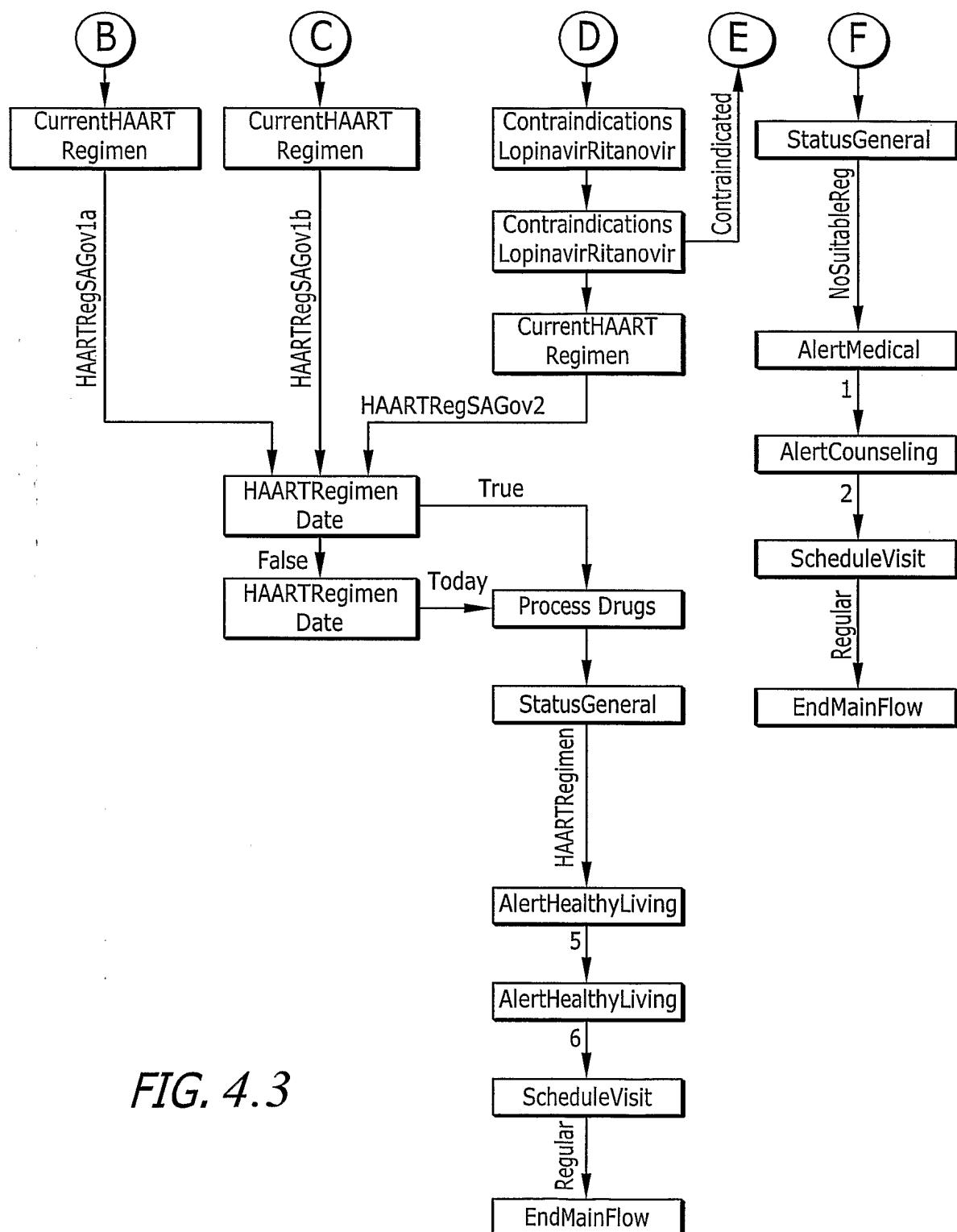


FIG. 5

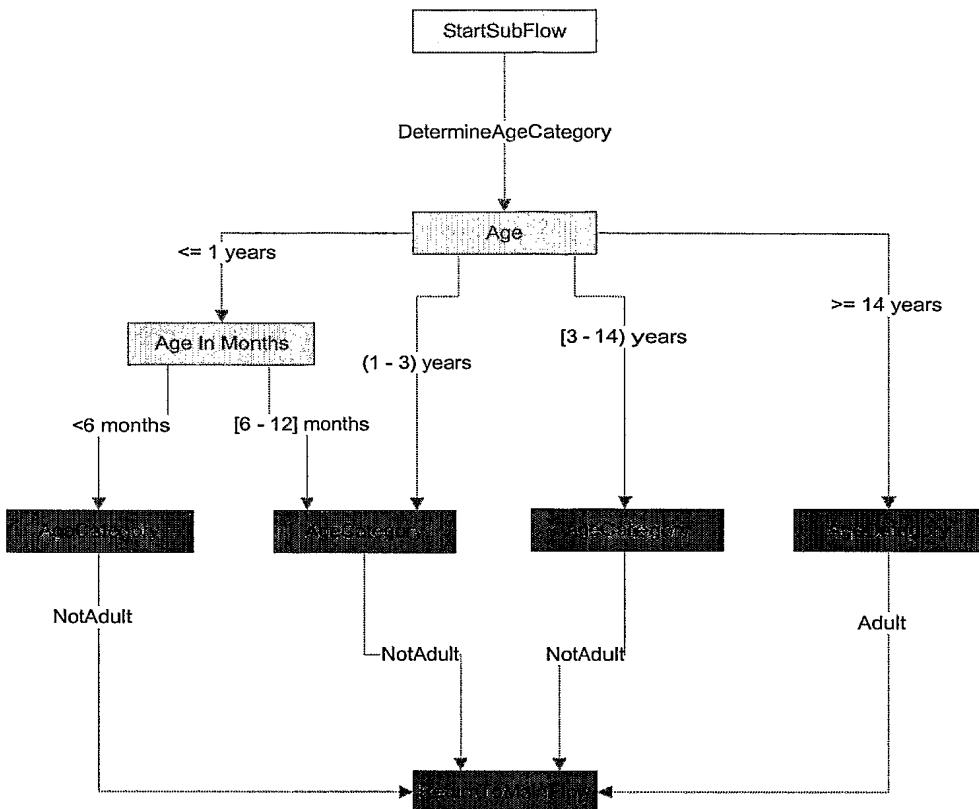


FIG. 6

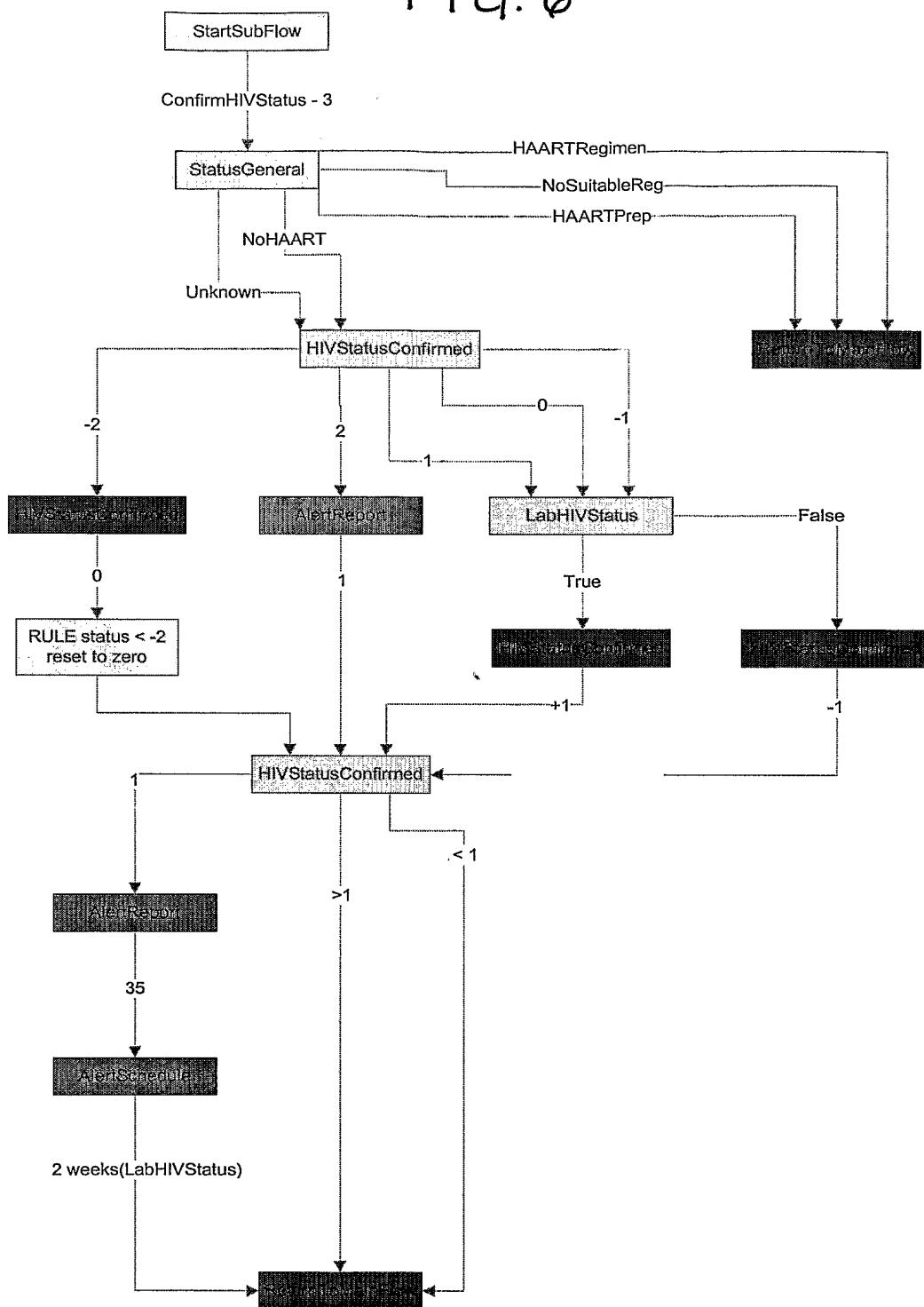
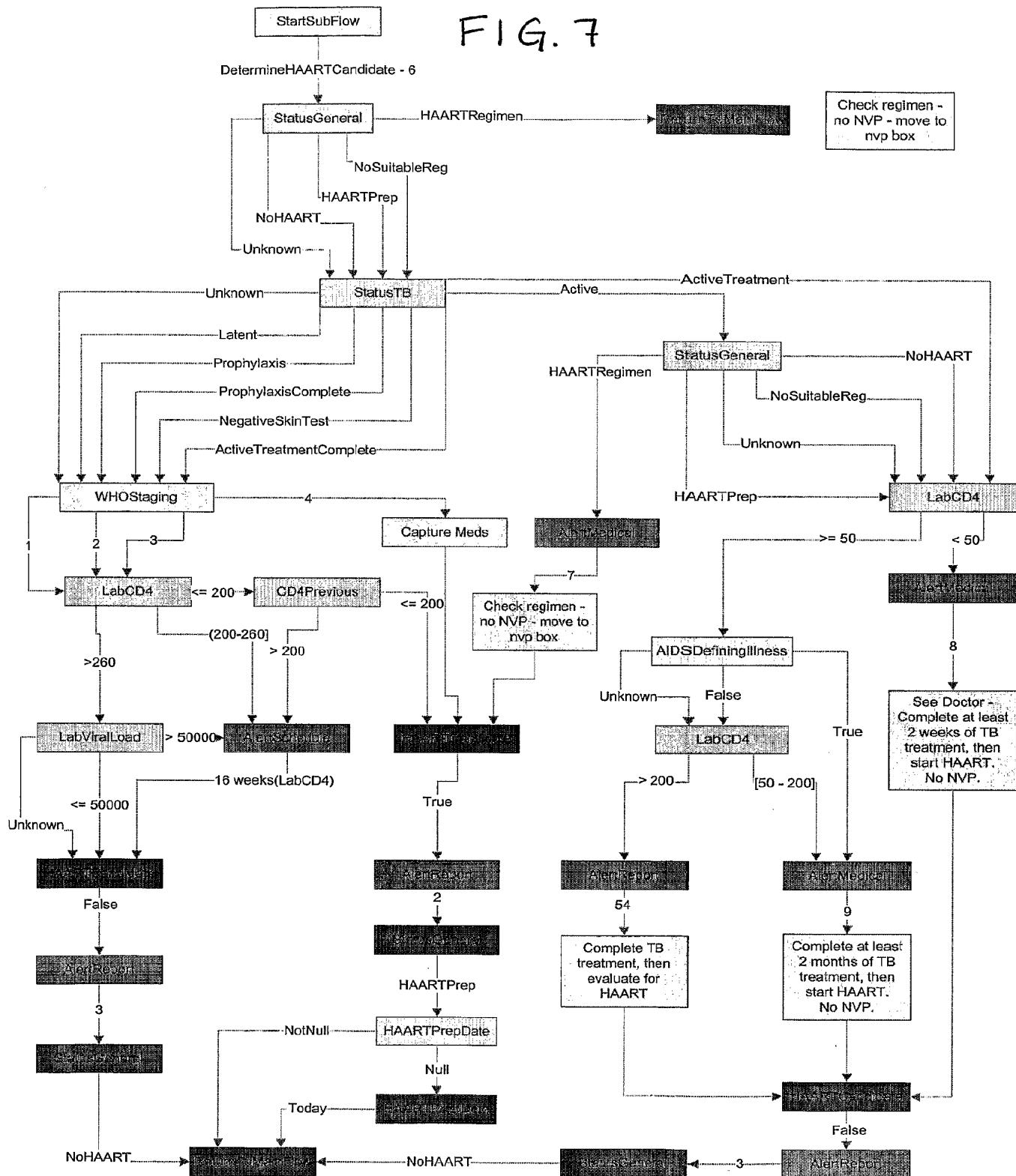


FIG. 7



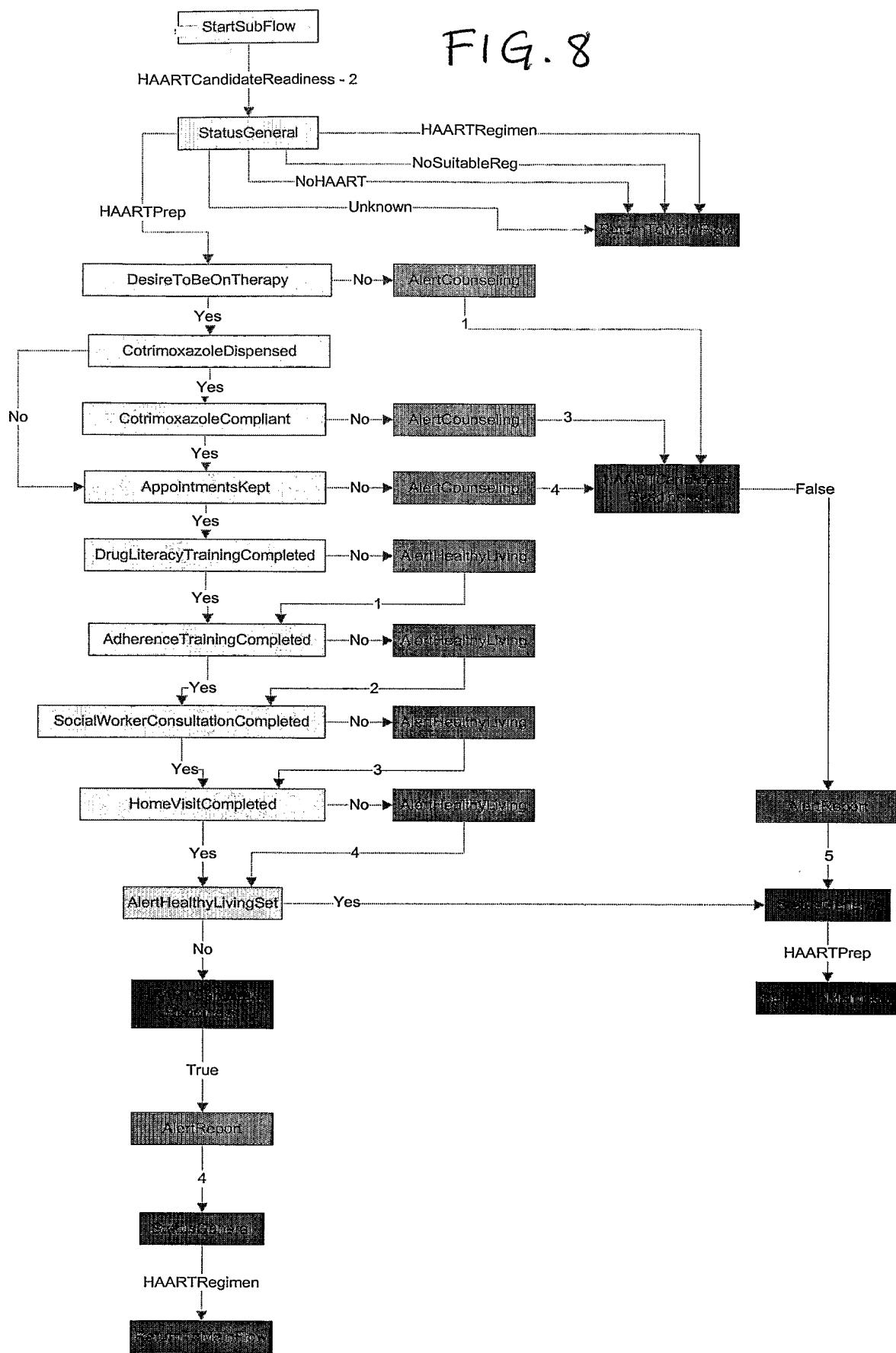


FIG. 9

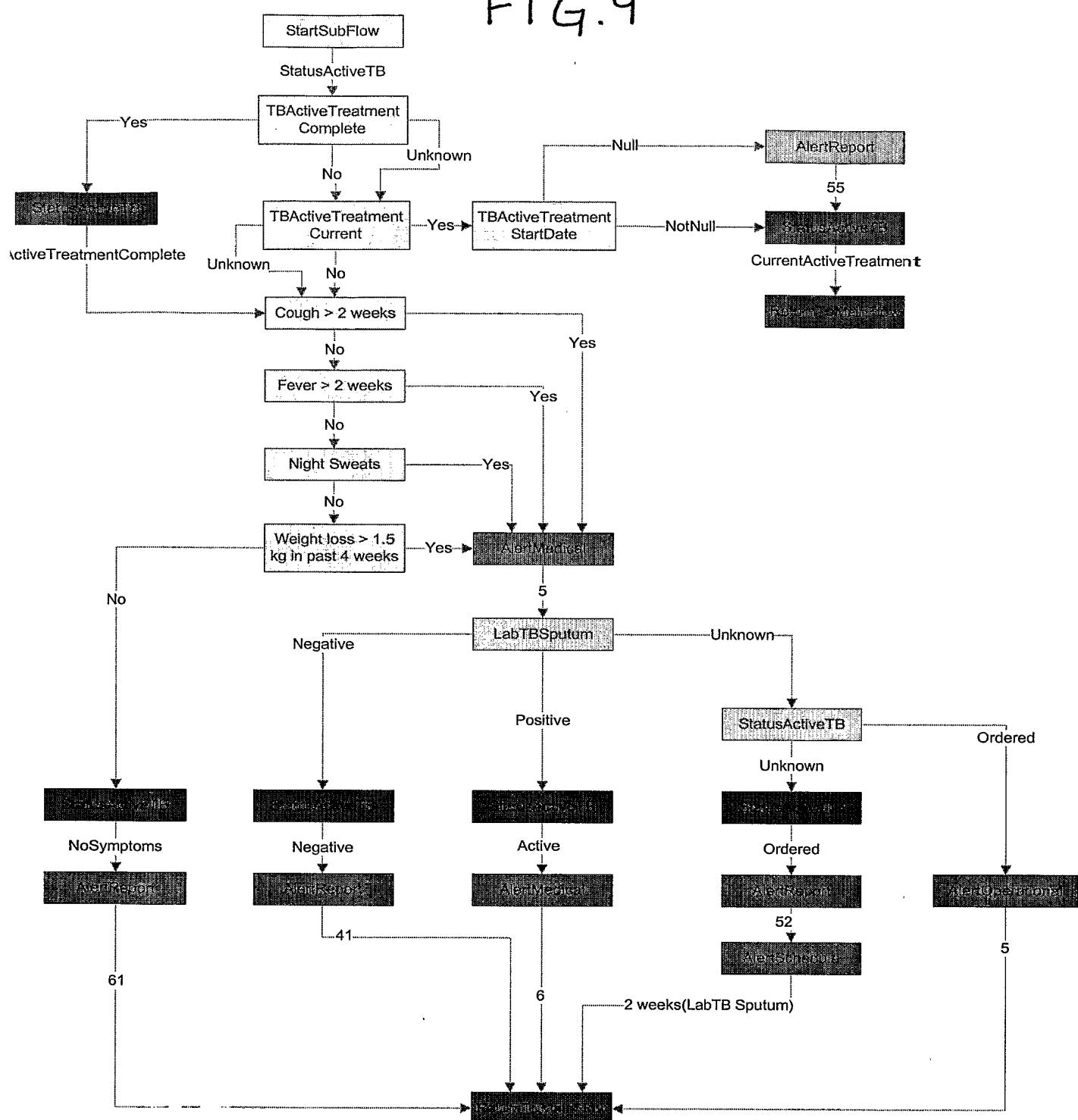


FIG. 10

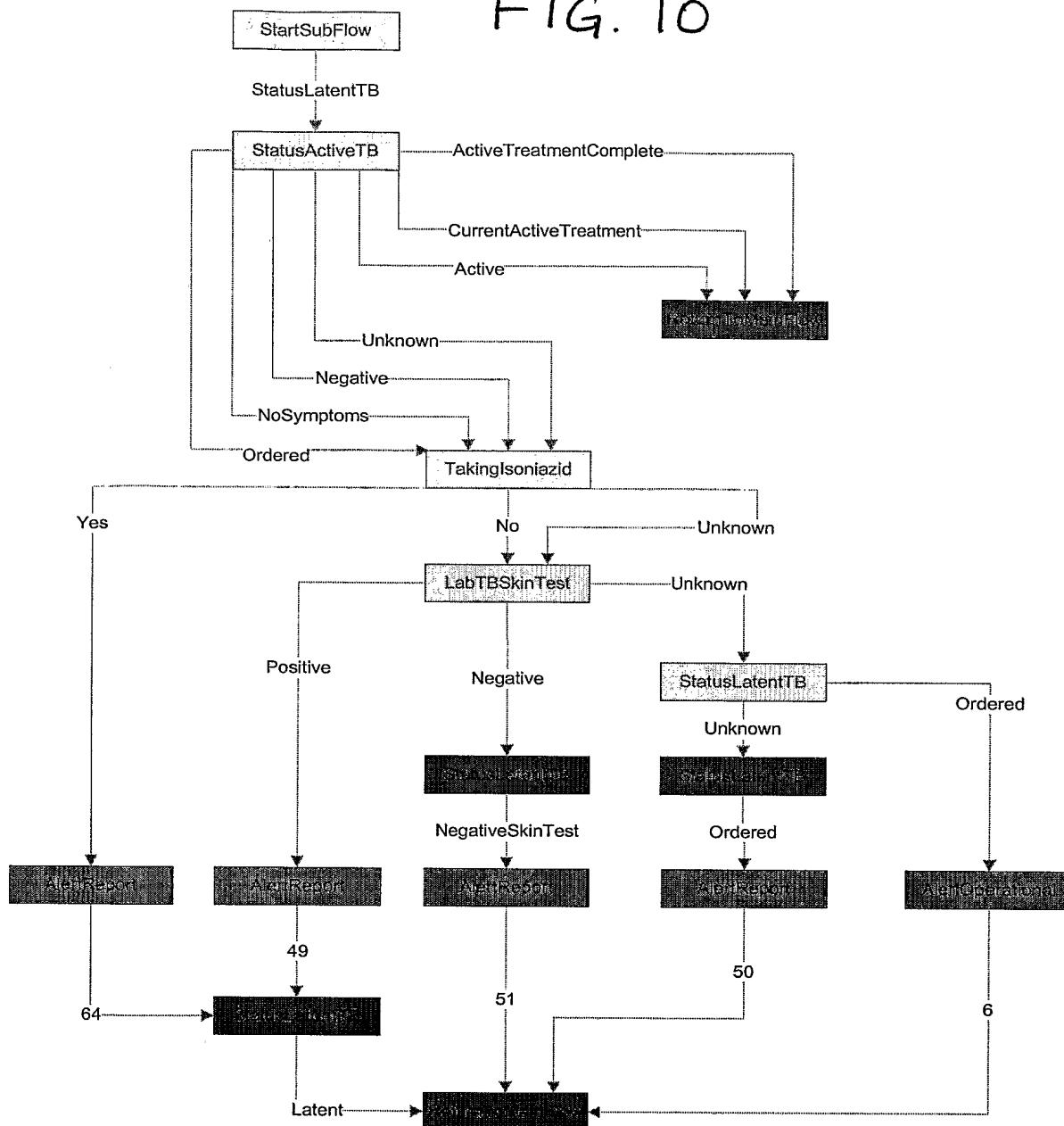


FIG. II

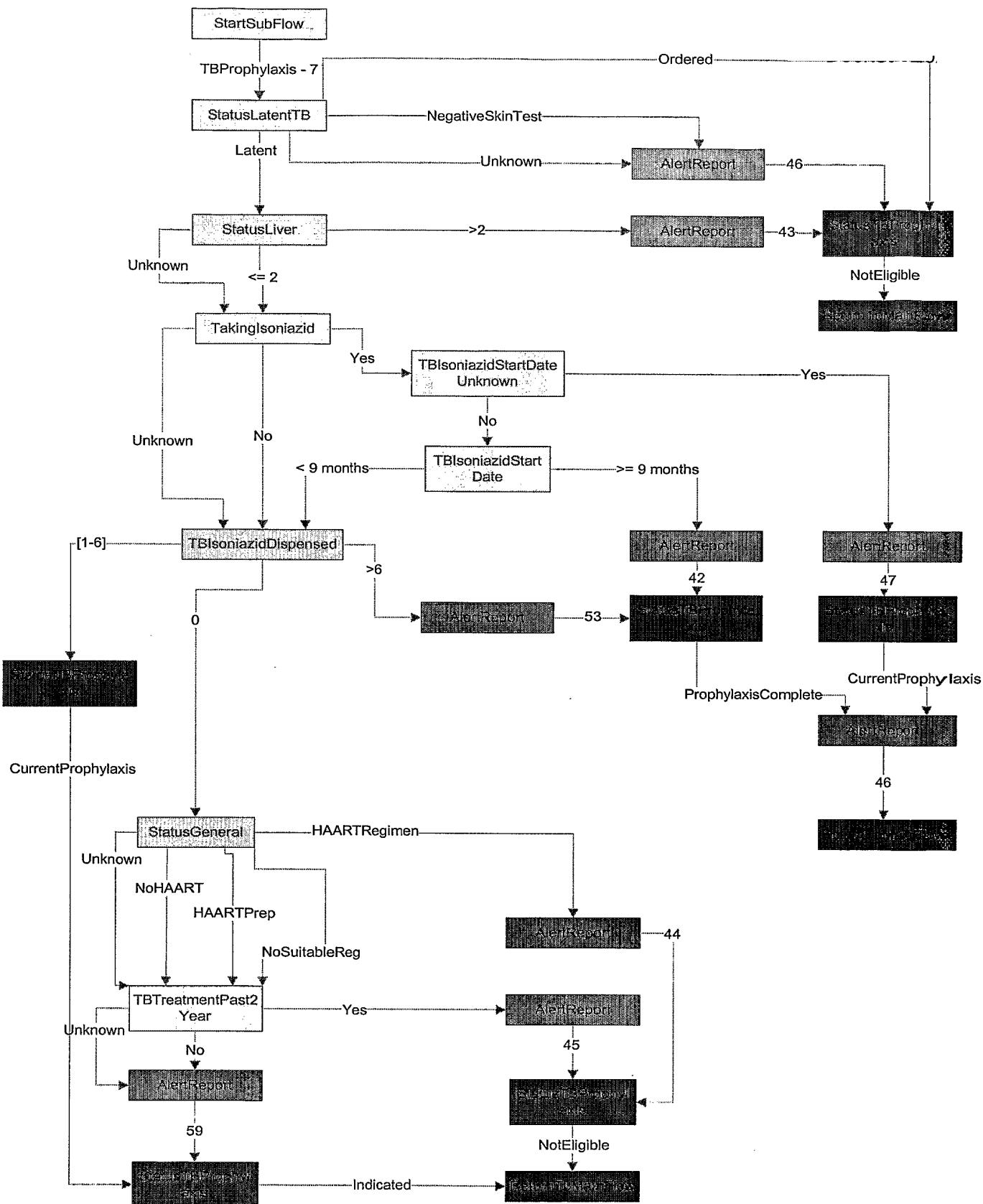


FIG. 12

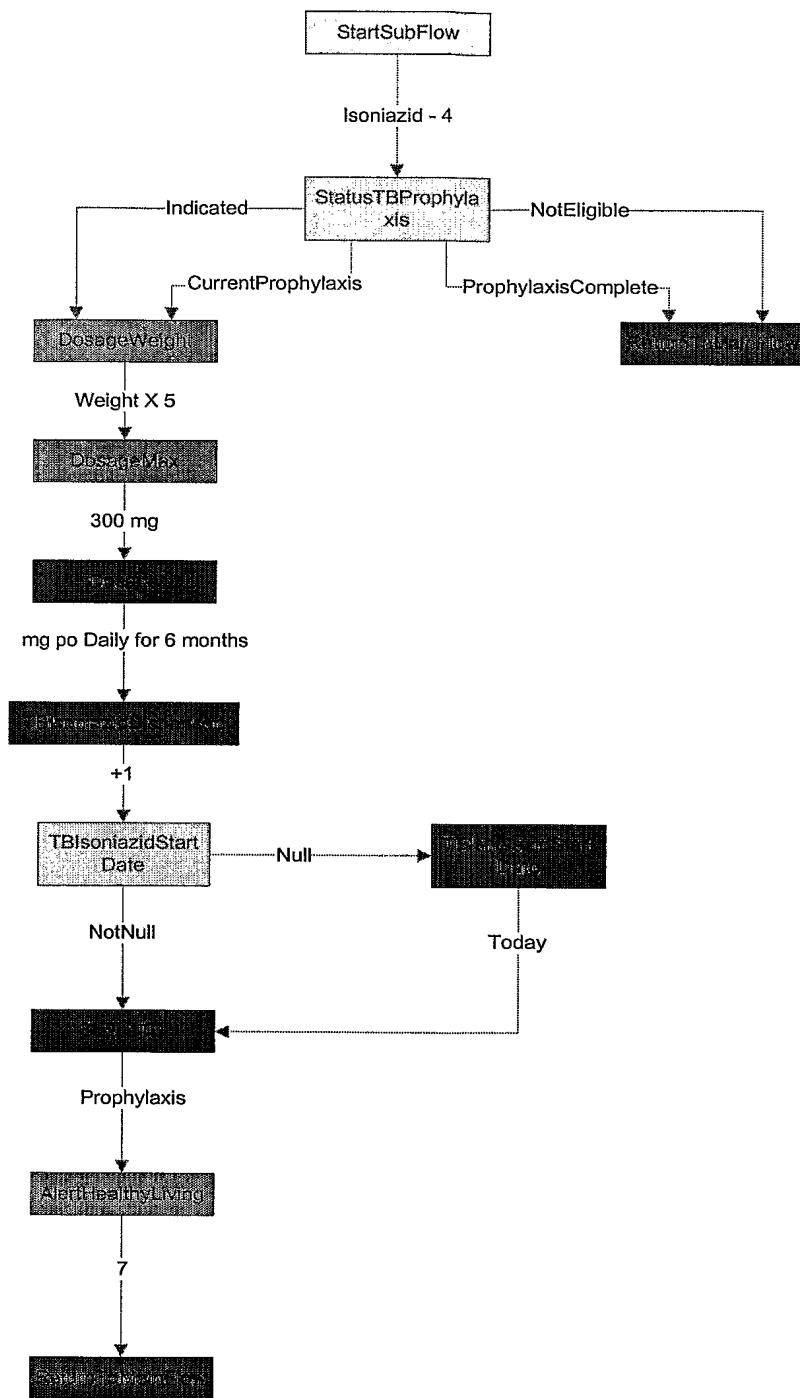


FIG. 13

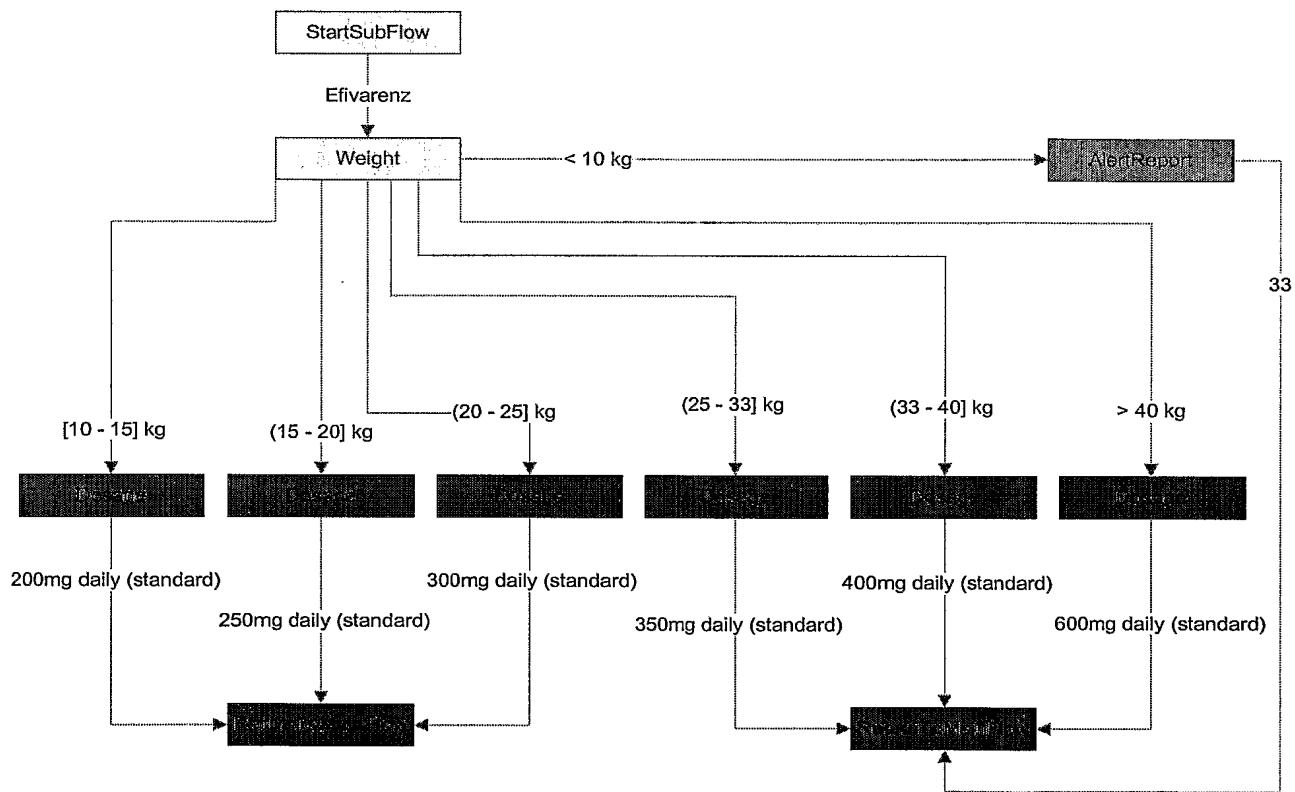
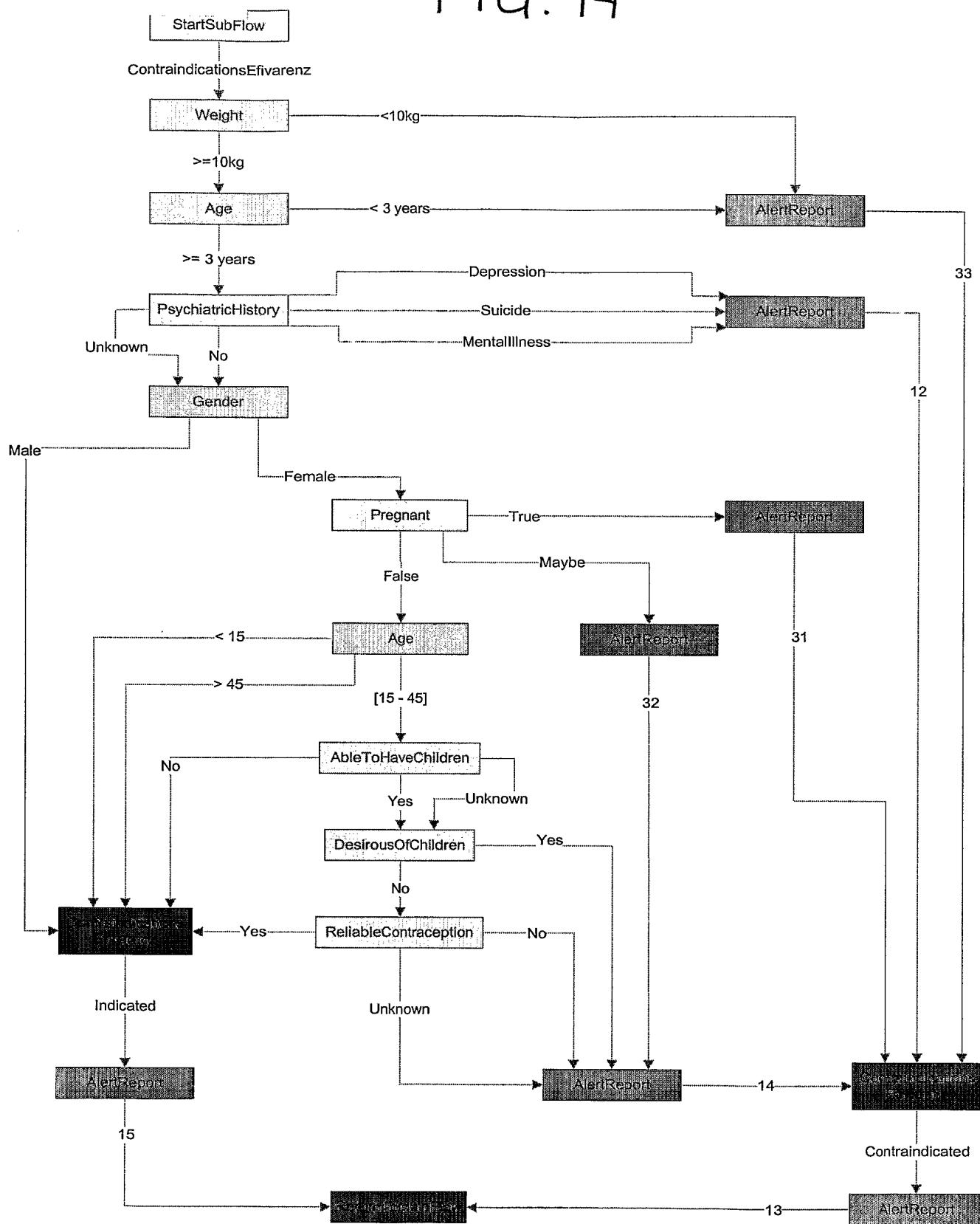


FIG. 14



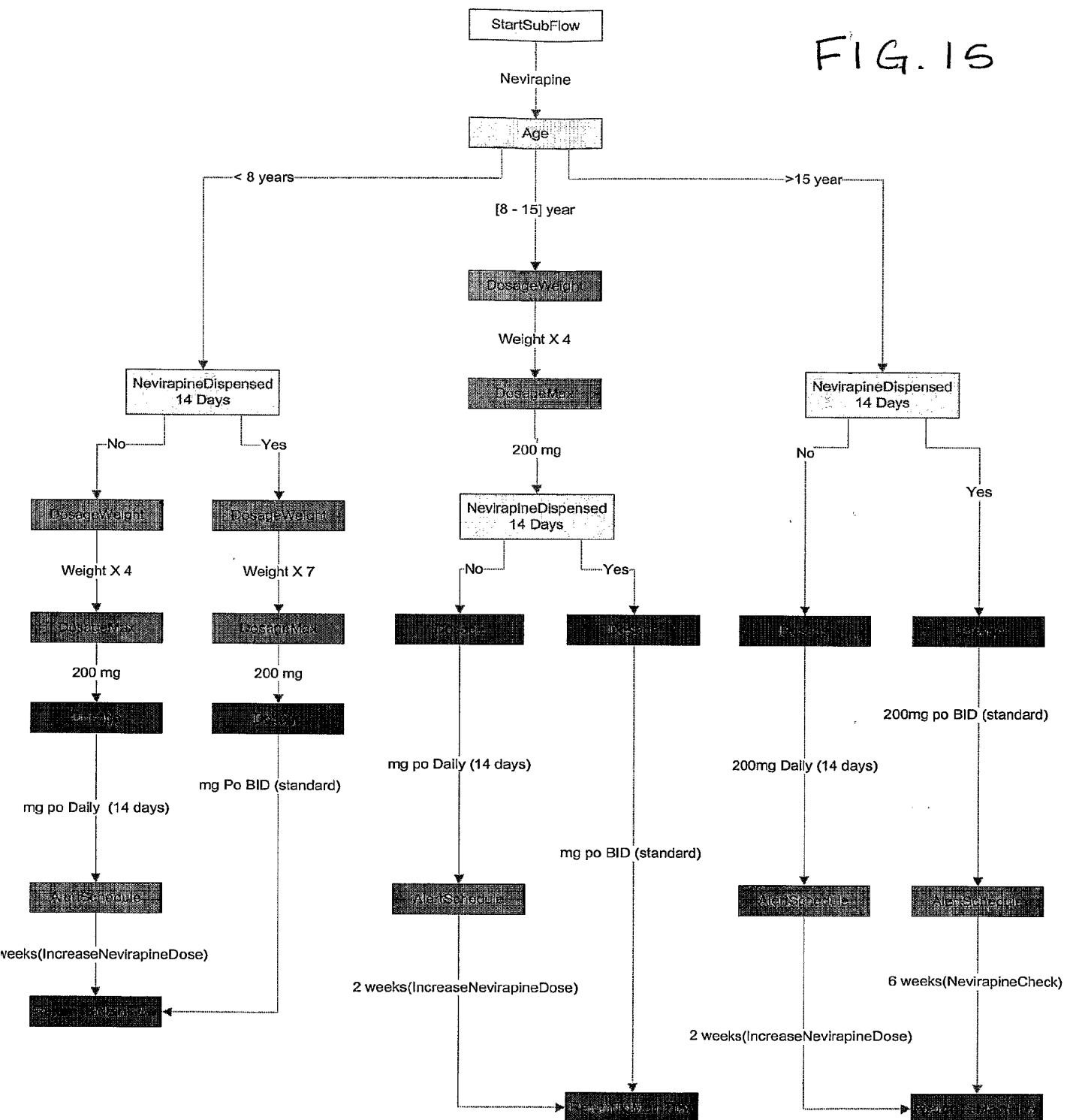


FIG. 15

FIG. 16

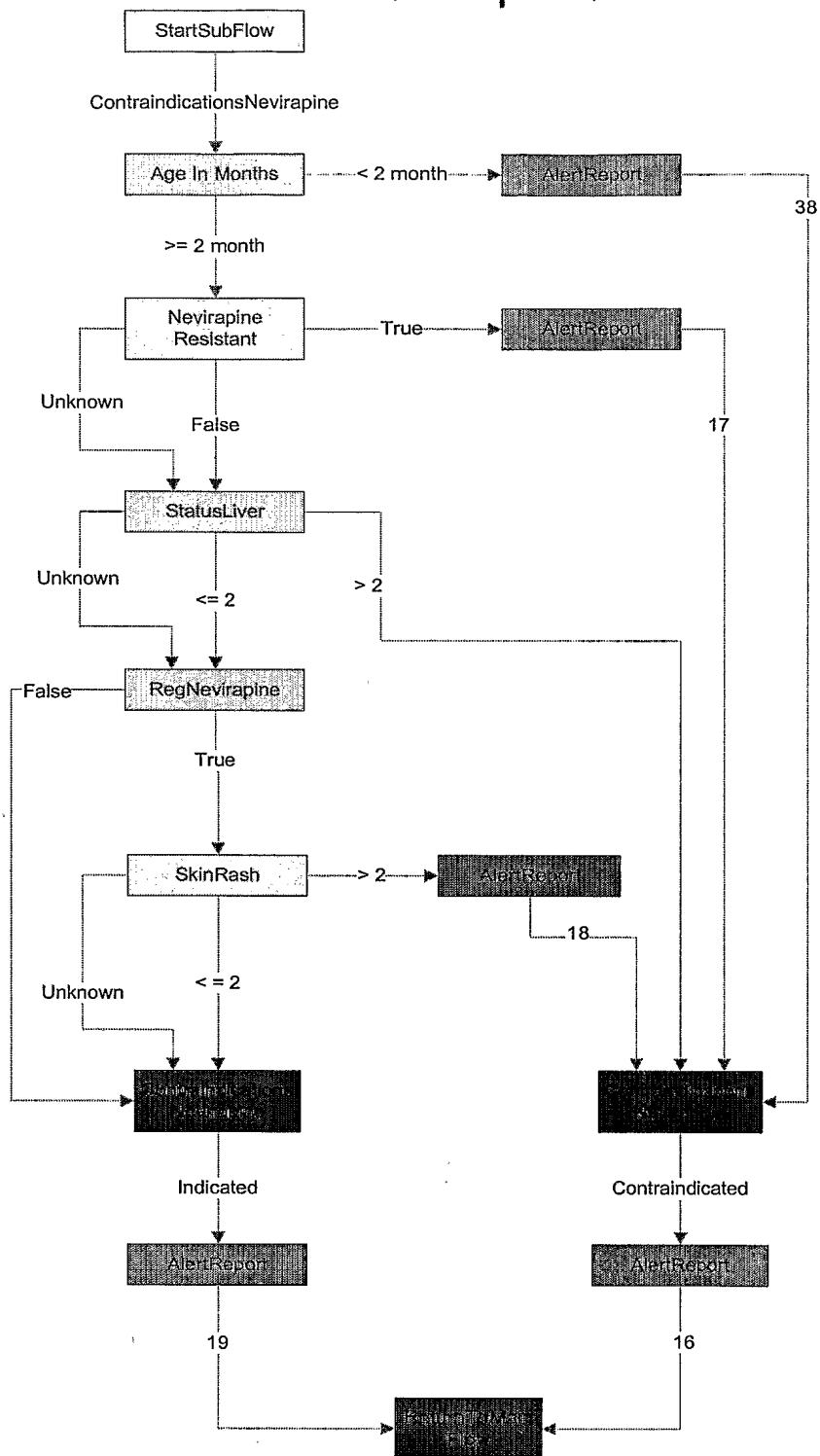


FIG. 17

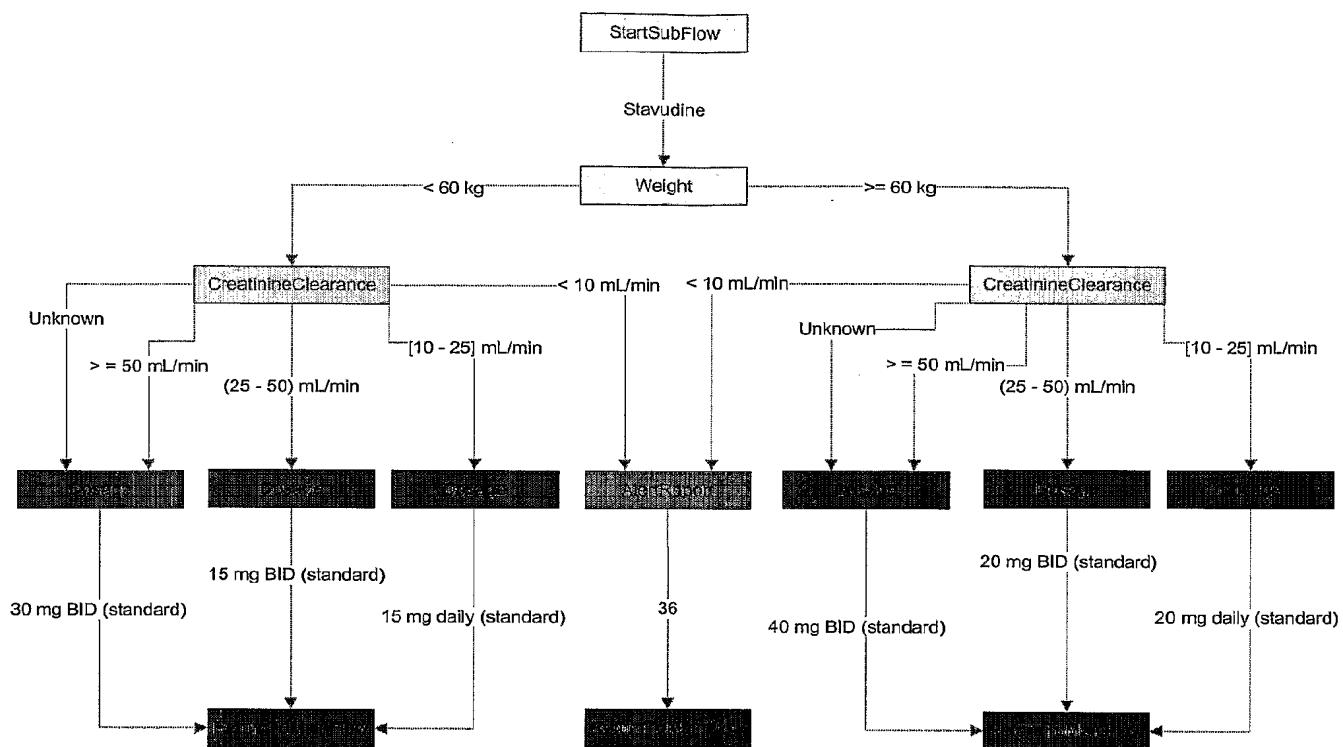


FIG. 18

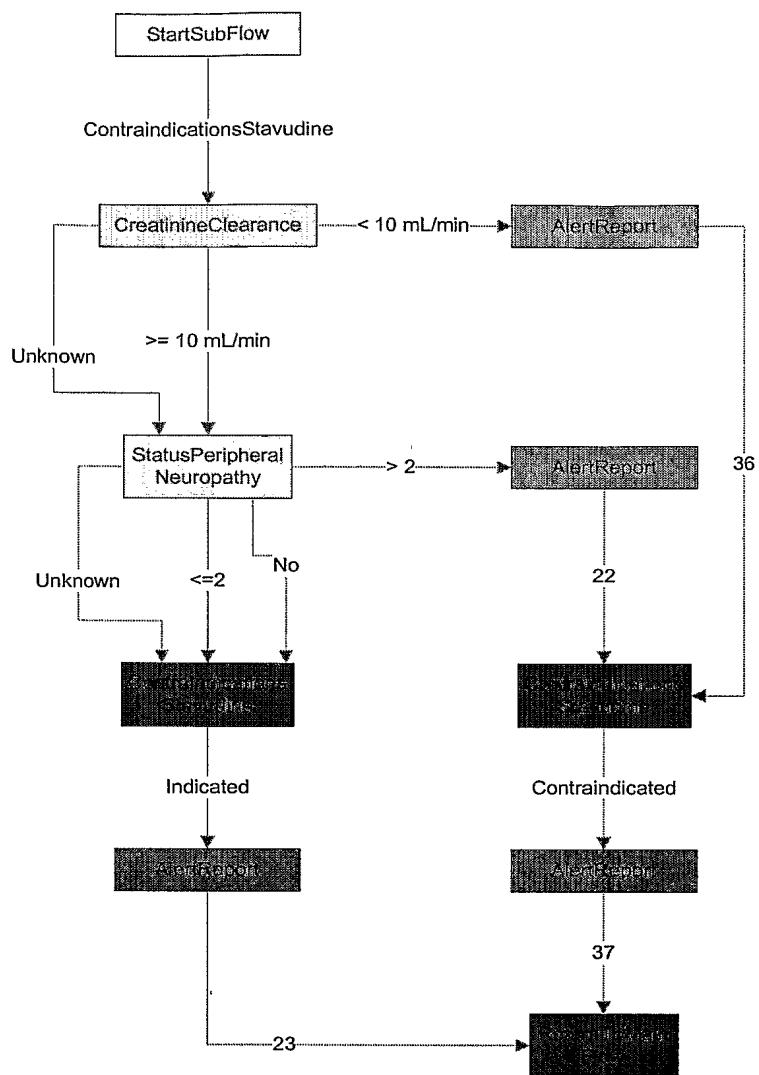


FIG. 19

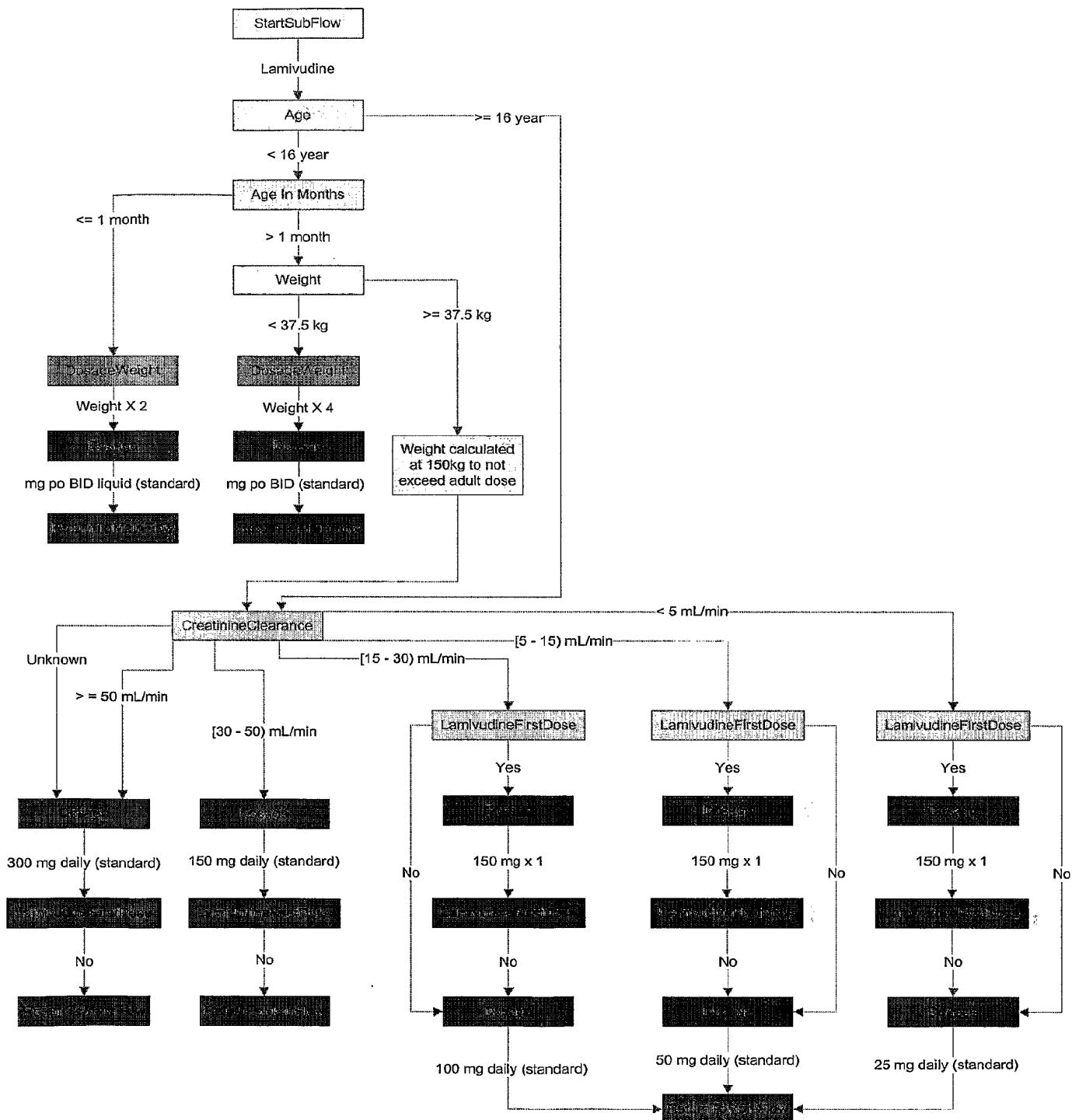


FIG. 20



$$SA = \text{Height}[\text{cm}] * (\text{Weight}[\text{kg}] / 36)$$

FIG. 21

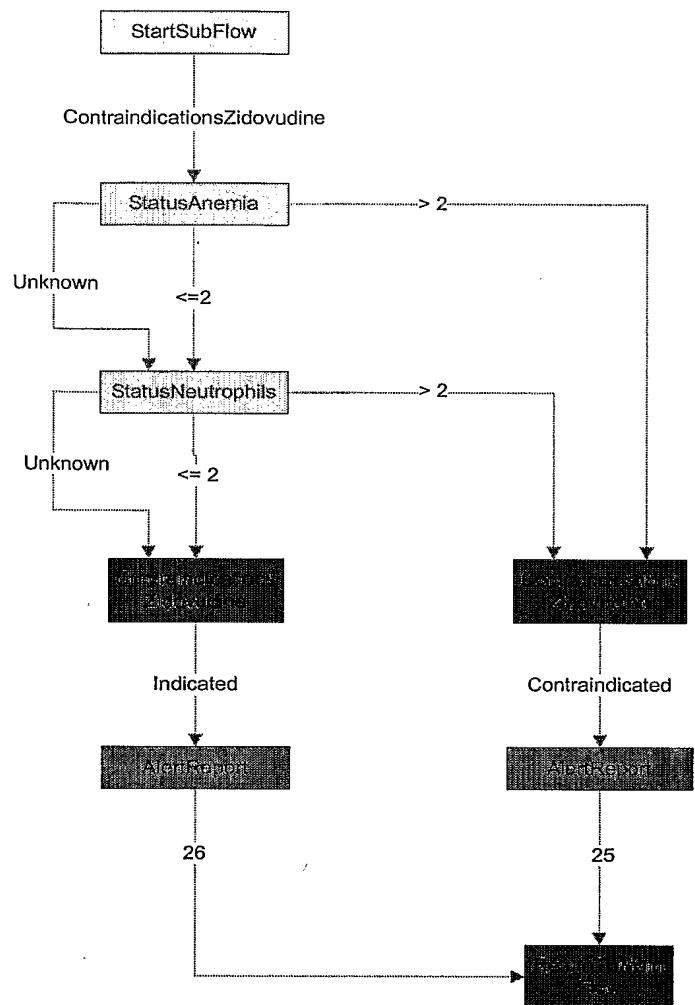


FIG. 22

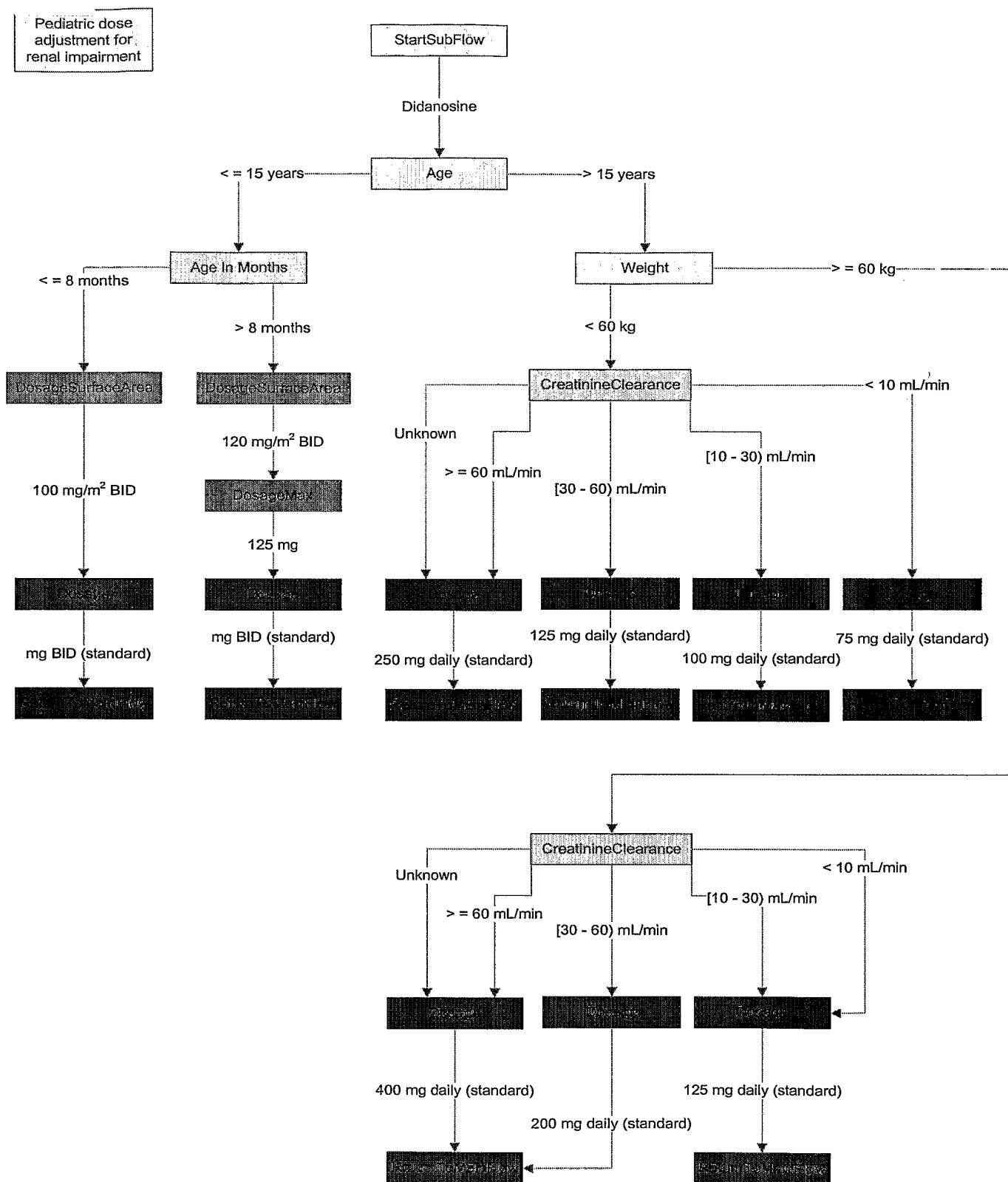


FIG. 23

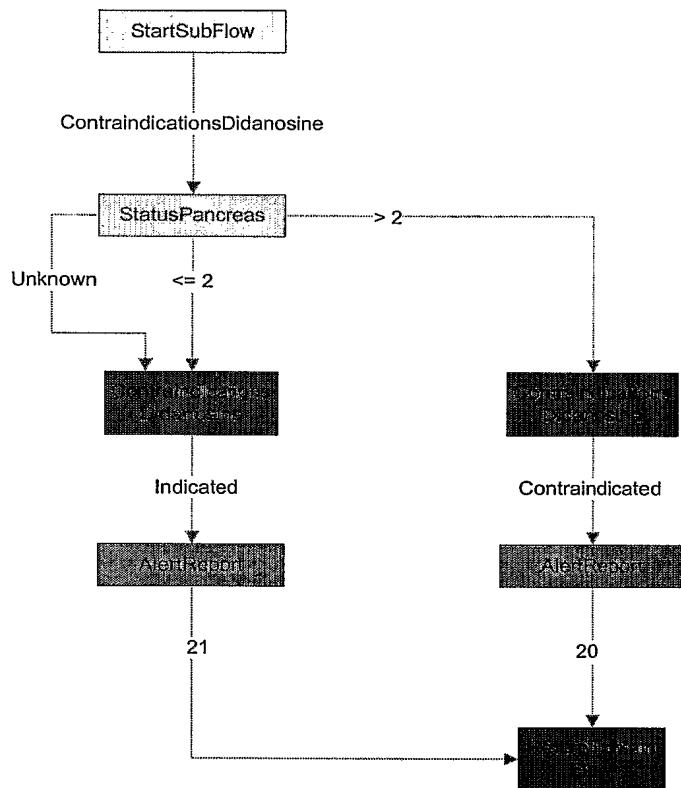


FIG. 24

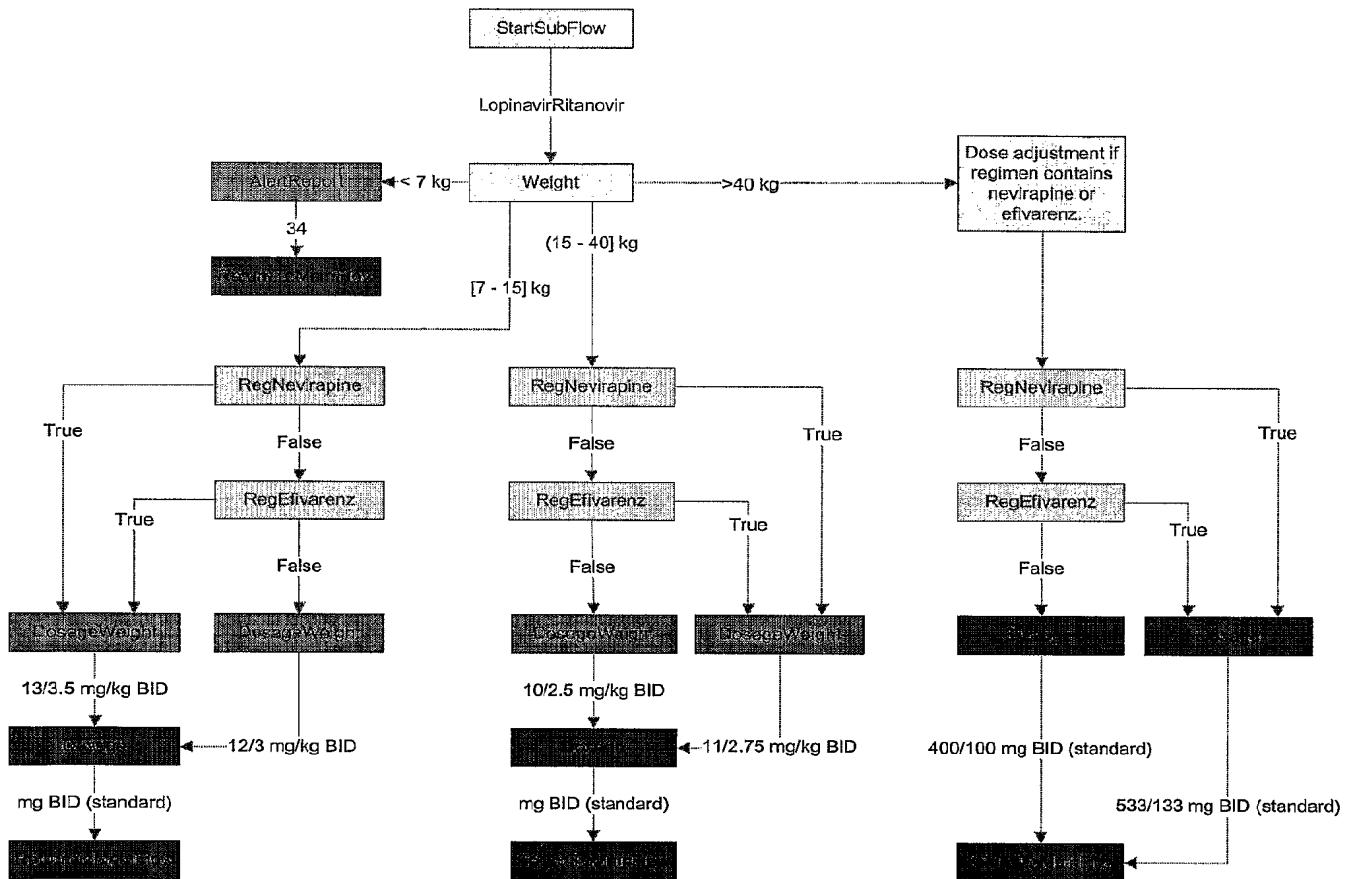


FIG. 2S

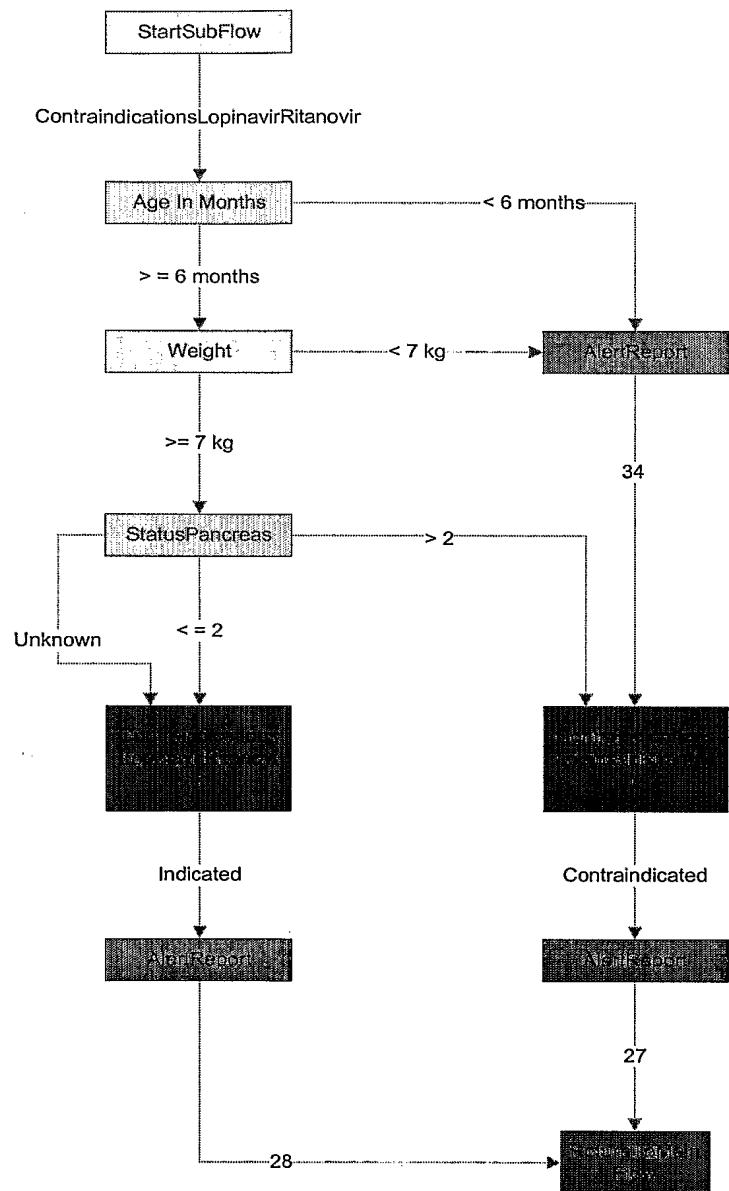
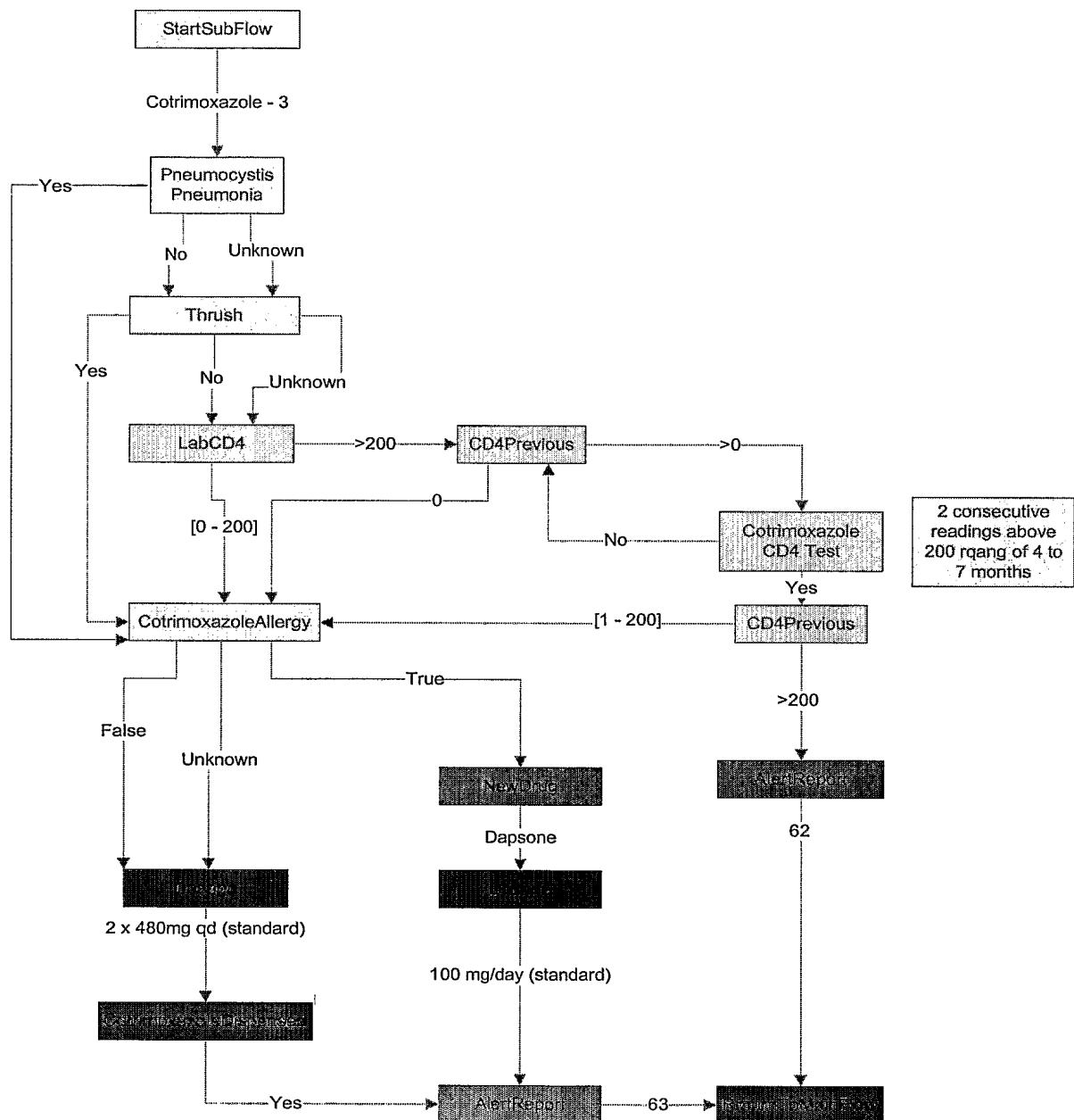
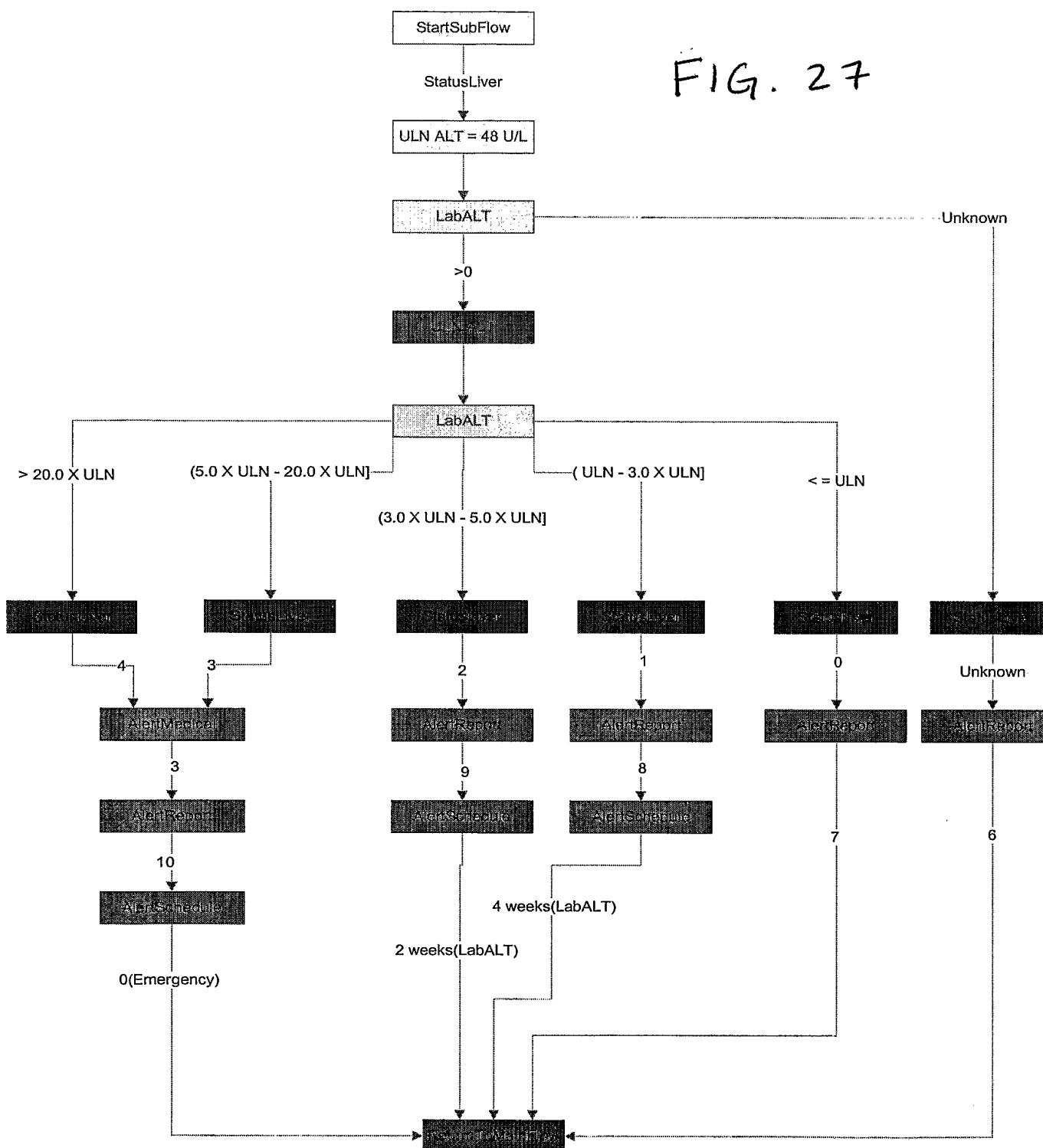


FIG. 26





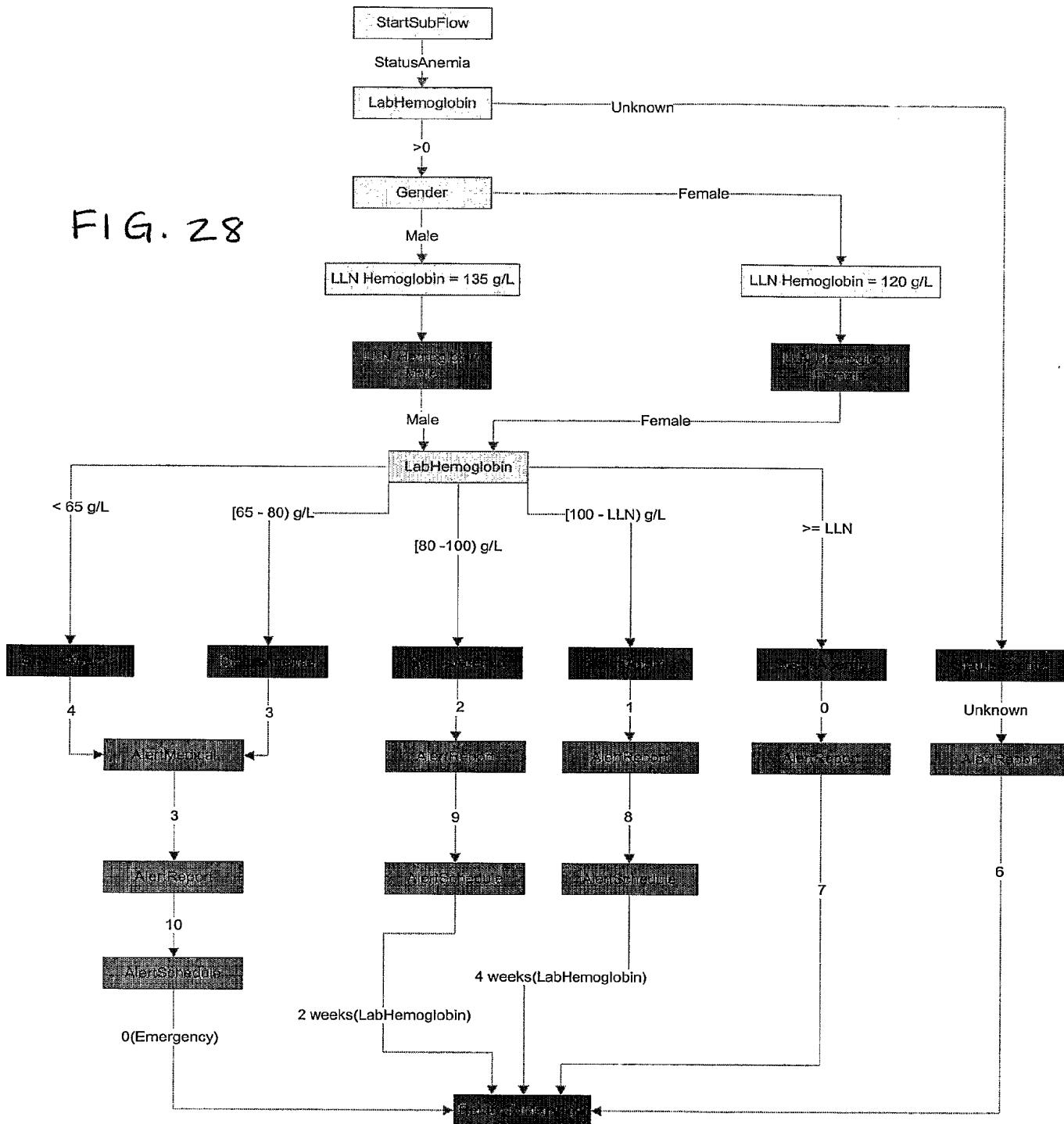


FIG. 29

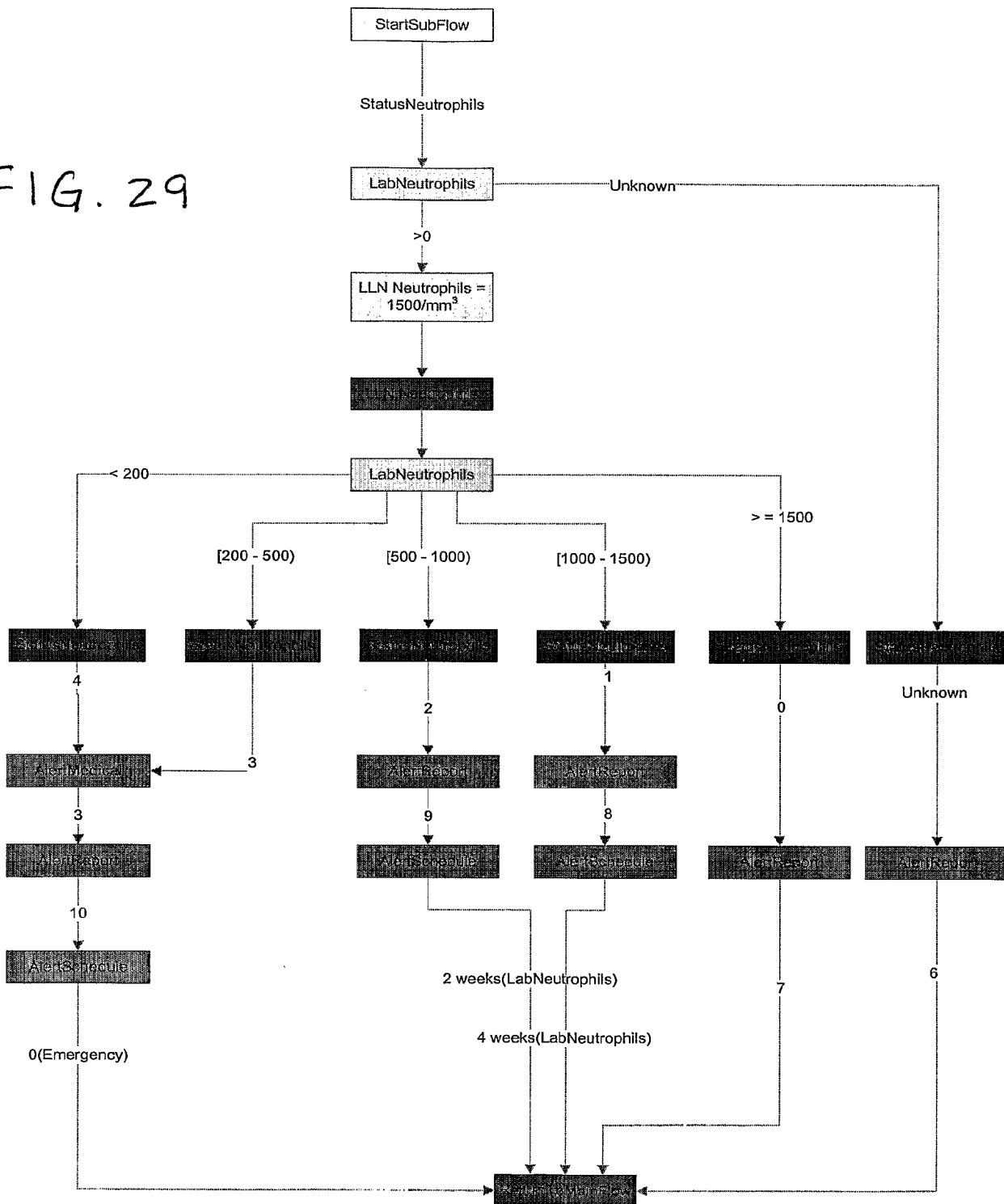
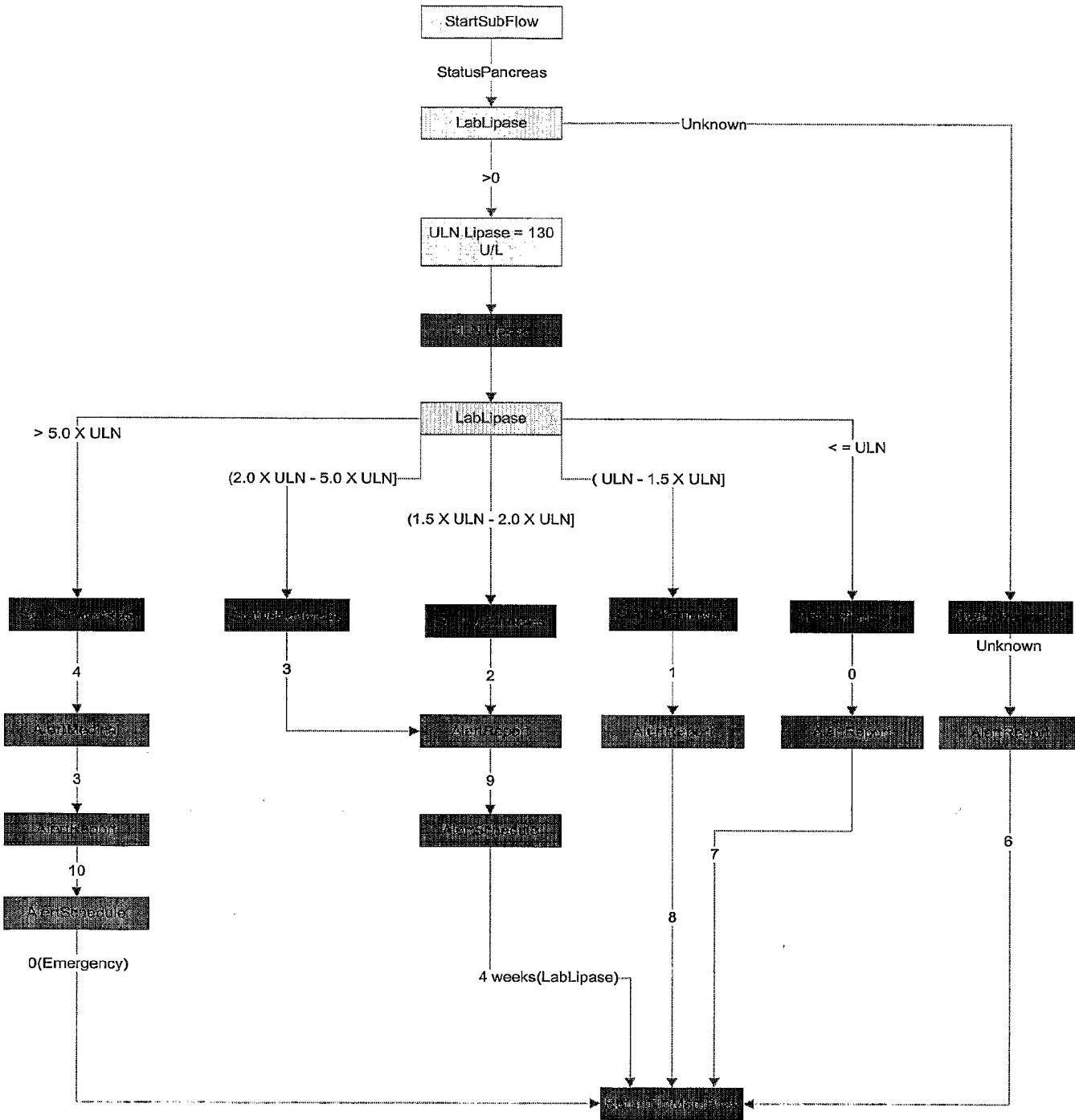


FIG. 30



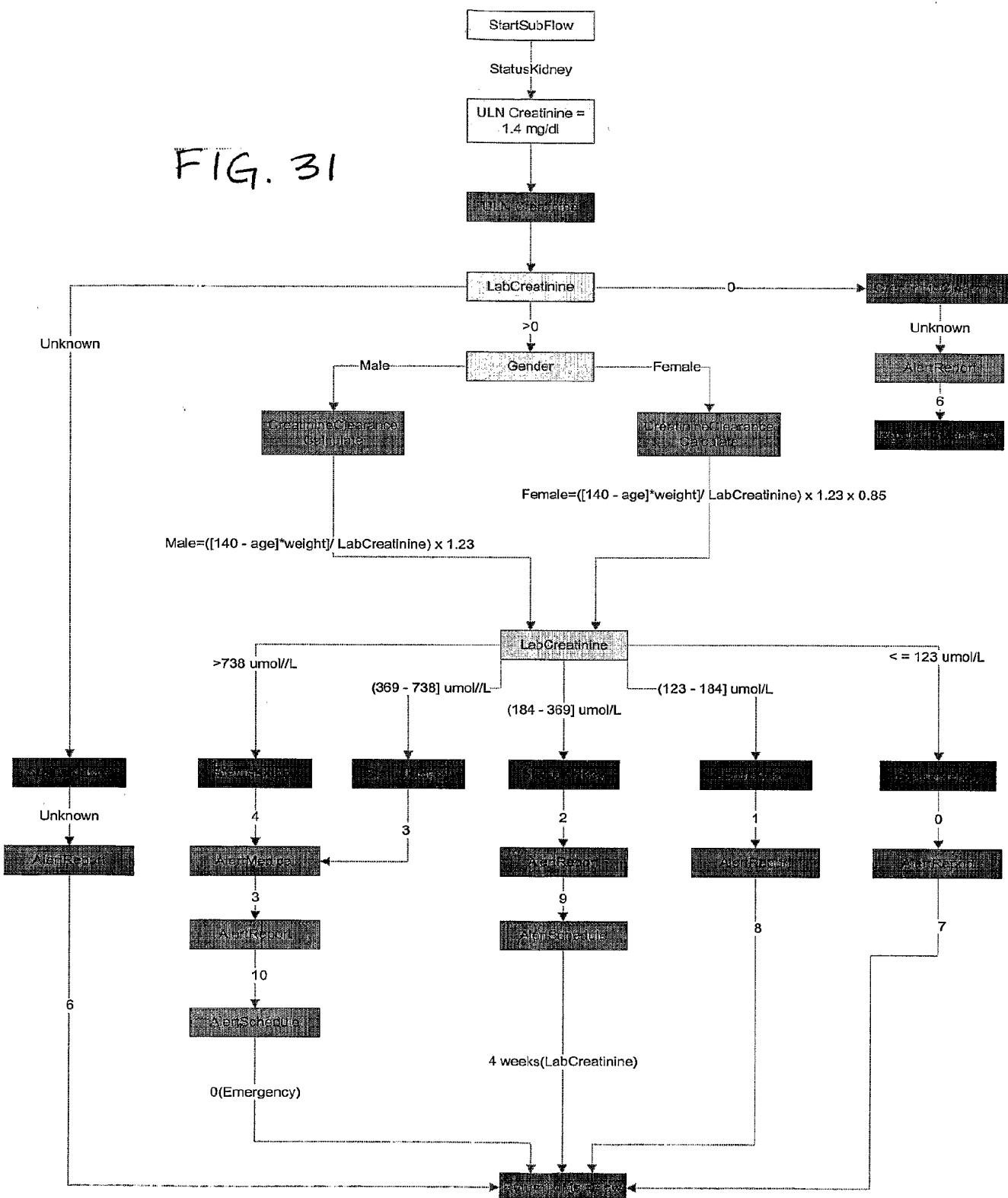


FIG. 32

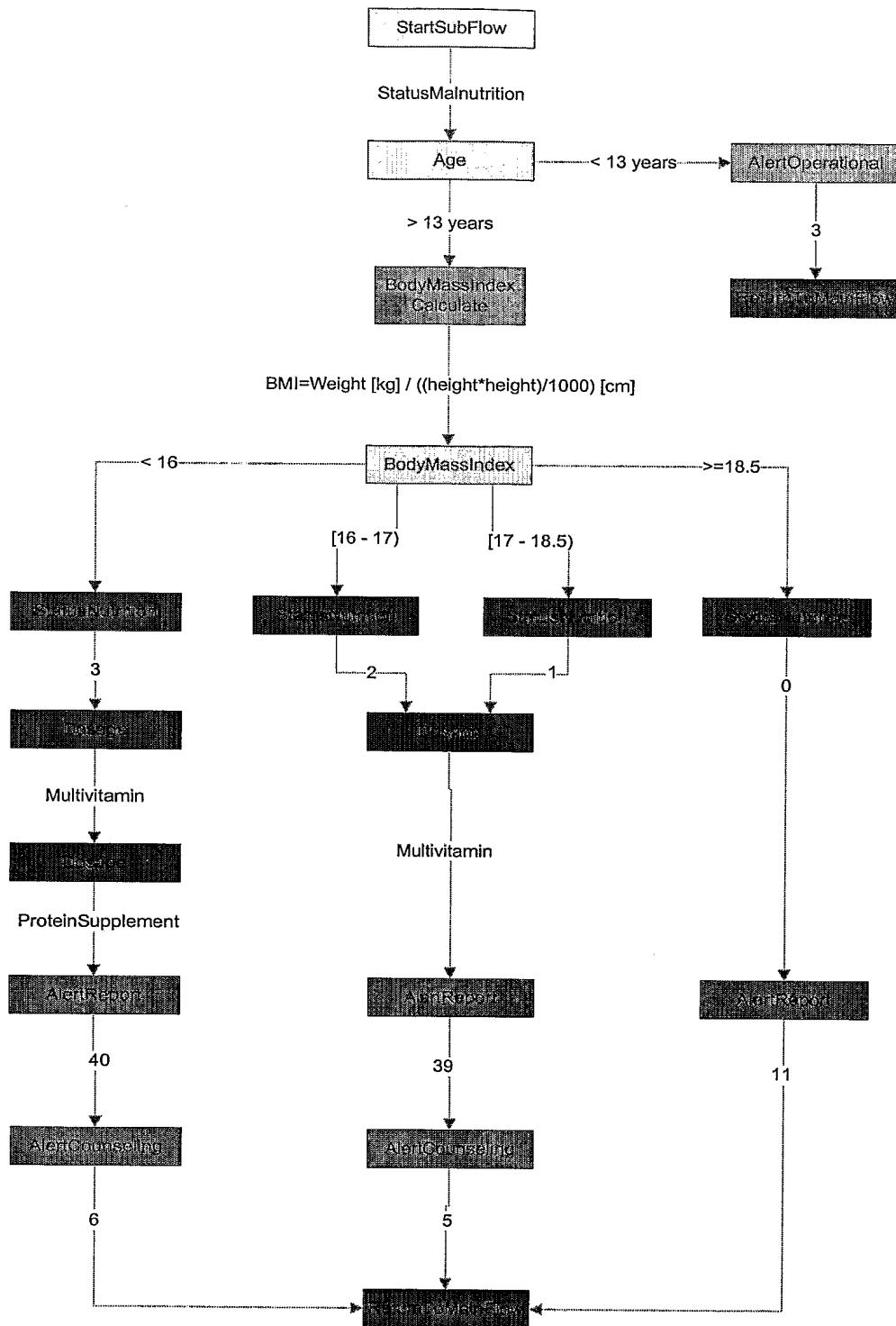


FIG. 33

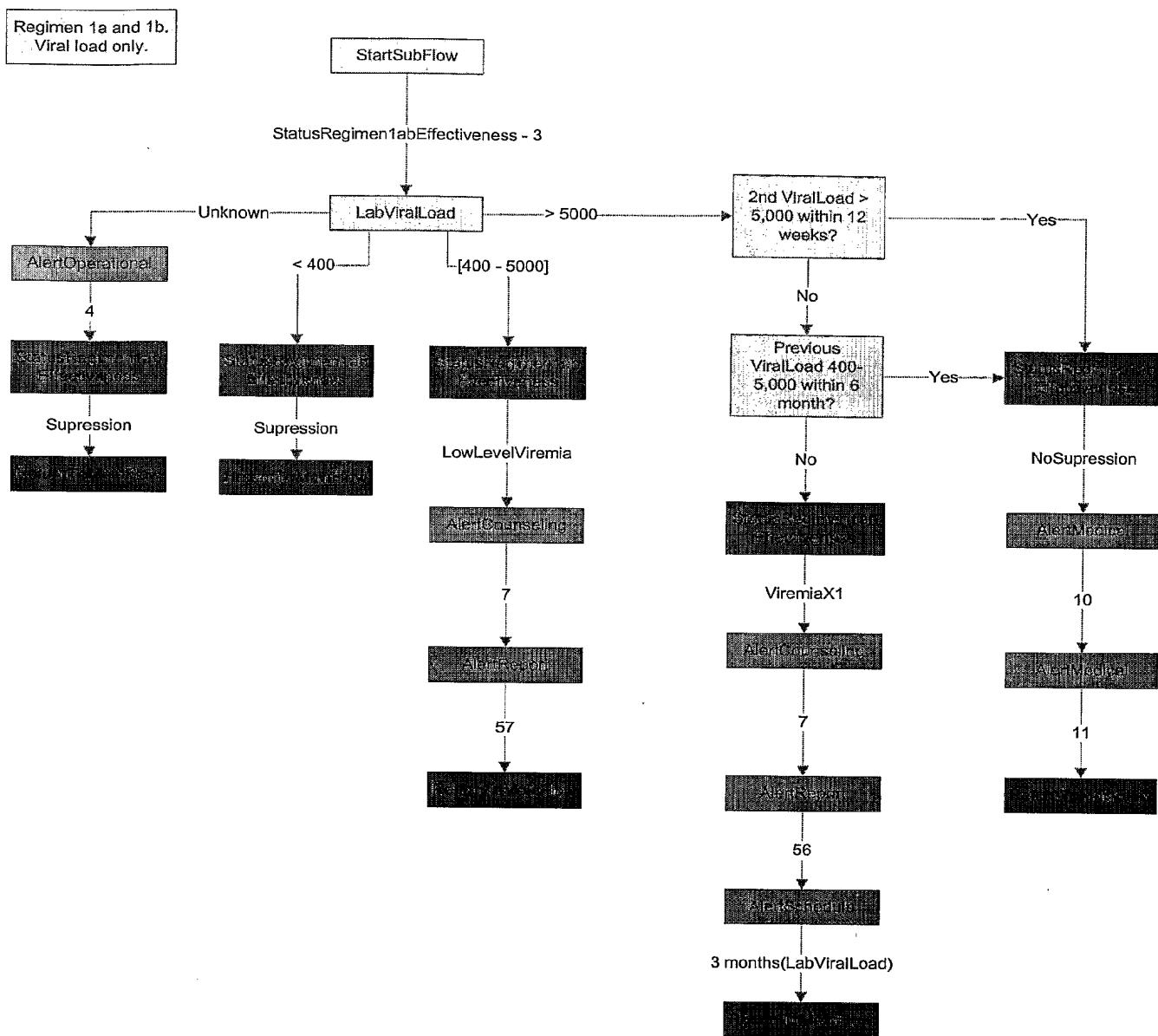


FIG. 34

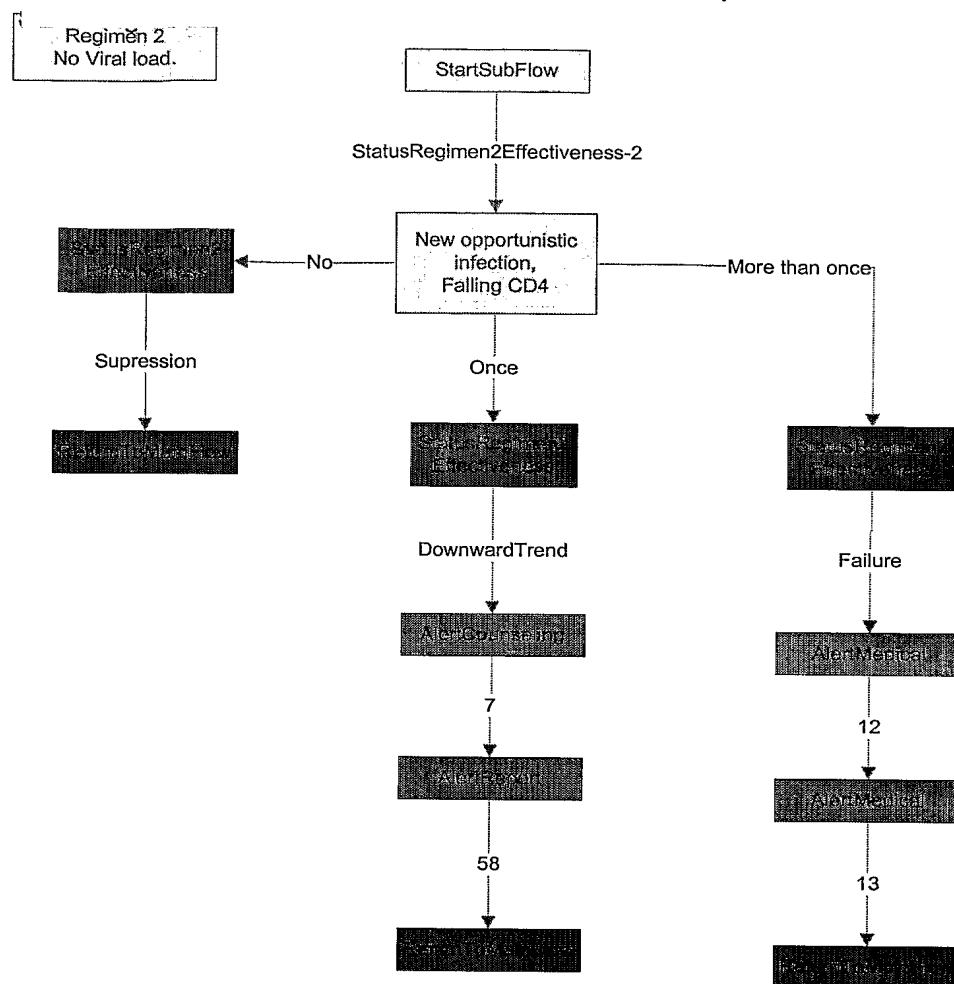


FIG. 35

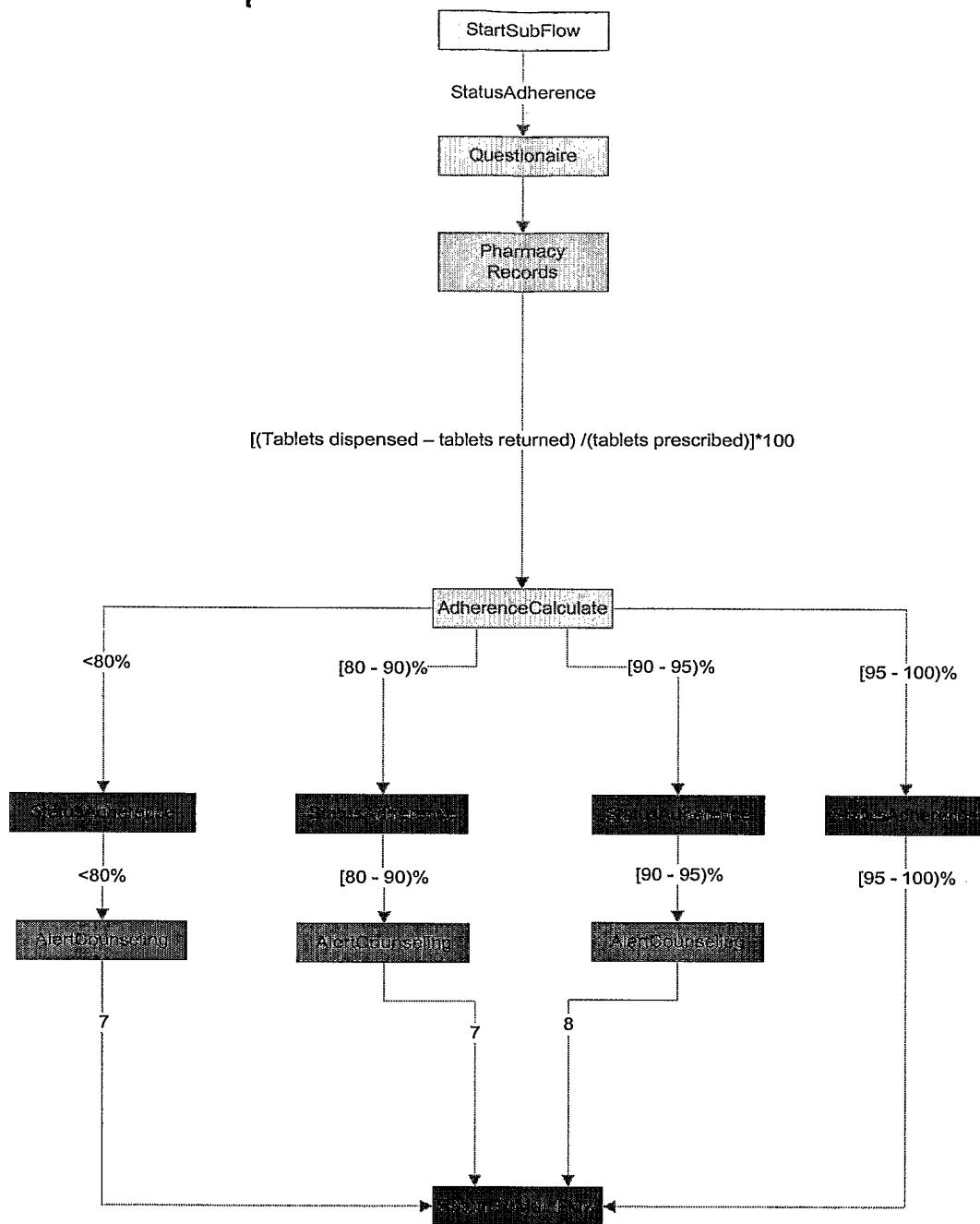


FIG. 36

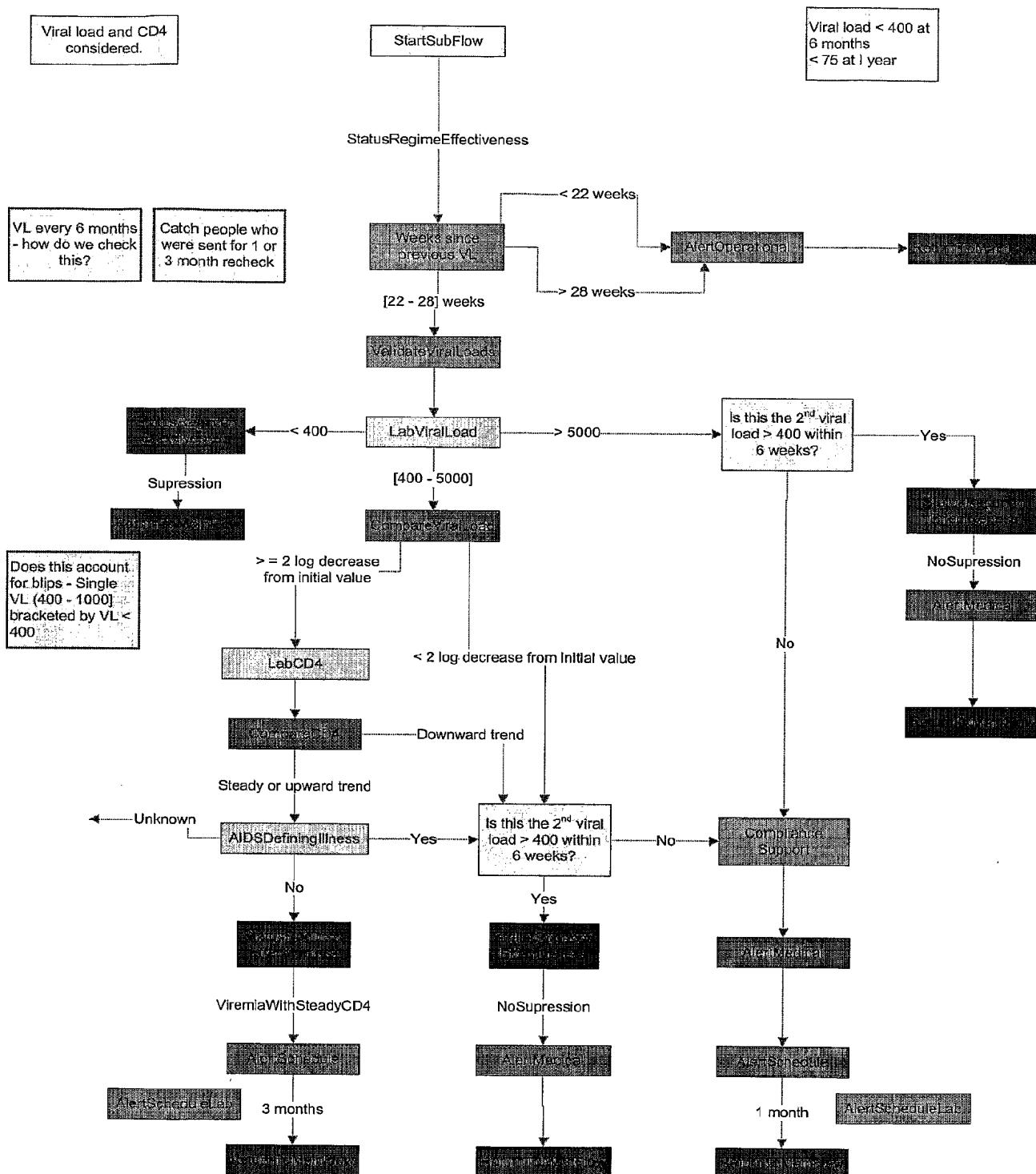


FIG. 37

Master Patient Data Entry

### Master Patient

MasterPatientID		Address1	
Title		Address2	
First Name		Address3	
Middle Name		City	
Last Name		Province	
Male	<input checked="" type="radio"/>	Country	
Female	<input type="radio"/>	Zip	
Date Of Birth	YYYY/MM/DD	Cell Phone	
Place Of Birth		Home Phone	
Date Of Death		E-mail Address	
NationalID		MasterPatientDate	
Insurance		MasterPatientDateType	

FIG. 38

Data Entry    UserID:    Username: Adele Sender    Clinic No.:    Clinic Province: Gauteng    Patient ID: 15   

**Clinical Data Form**

Date Prepared:

Date of Birth:	<input type="text" value="1979"/> <input type="text" value="7"/> <input type="text" value="9"/>
Height:	<input type="text" value="170"/> cm
Weight:	<input type="text" value="60"/> kg

HIV Status:

Are you currently on antiretroviral medicine for HIV/AIDS?  Yes  No  HAART Reg SAGcyc1a

Check drugs in regimen:

1A	Epz	5AT	3TC
1B	Sonevir (Efavirenz)	Zerit ( stavudine )	Didarav ( zidovudine )
2	NVP	Zant ( stavudine )	3TC
Unknown	Vinorel ( didanosine )	AZT	Lopinavir / Ritonavir ( Kaletra )

Do you want to be on medicine for AIDS?  Yes  No

Documented, number positive HIV tests?

Female

Gender:  Male  Female

**FIG. 39**

DataEntry2... Descr03... UserName: Adela.Sender... ClinicID: 1... ClinicProvince: Gauteng... PatientID: 45...

Clinical Data Form

AIDS Defining Illness

AIDS-defining illness, at present or in the past?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Unknown
---	------------------------------	-----------------------------	----------------------------------

Pneumocystis Pneumonia - current or previous?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Unknown
---	------------------------------	-----------------------------	----------------------------------

Thrush - persistent	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Unknown
---------------------	------------------------------	-----------------------------	----------------------------------

Bactrim

Allergic to Bactrim?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Unknown
----------------------	------------------------------	-----------------------------	----------------------------------

Was Bactrim Dispensed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
------------------------	------------------------------	-----------------------------	--

Bactrim Pill Count - Is patient compliant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
--	------------------------------	-----------------------------	--

Has patient kept 3 appointments in a row?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
---	------------------------------	-----------------------------	--

Compliance

Peripheral Neuropathy

Pain and/or tingling in hands and/or feet?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Unknown
--	------------------------------	-----------------------------	----------------------------------

Buttons: Save, Reset, Cancel

StatusBar2

**FIG. 40**

**Clinical Data Form**

Psychological	Psychological problems, present or in the past	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Unknown
	Depression - overwhelming sadness, not related to any event	<input type="checkbox"/> Depression		
	Thoughts or attempts of suicide	<input type="checkbox"/> Suicide		
	Previous mental illness requiring treatment/hospitalization	<input type="checkbox"/> Mental illness		
Regimen Failure	Has patient failed Regimen 1a	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Unknown
	Has patient failed Regimen 1b	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Unknown
Nevirapine Resistant	Nevirapine Resistant - proven	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Unknown
Nevirapine	On Nevirapine within last month?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

**FIG. 41**

Clinical Data Form - UserID: 1 - UserName: Adela Sender - ClinicNo: 1 - ClinicProvider: Gaitanop - PatientID: 15

**Clinical Data Form**

**TB Status**

Treatment for active TB in the past 2 years?       YES       NO       Unknown

Is your treatment for active TB complete?       YES       NO       Unknown

Are you being treated for active TB now?       YES       NO       Unknown

Are you taking Isoniazid to prevent TB now?       YES       NO       Unknown

**TB Symptoms**

Cough > 2 weeks       NO       YES

Fever > 2 weeks       NO       YES

Night sweats       NO       YES

Weight loss > 1.5 kg in past 4 weeks       NO       YES

**Buttons**

Enter      Reset      Cancel

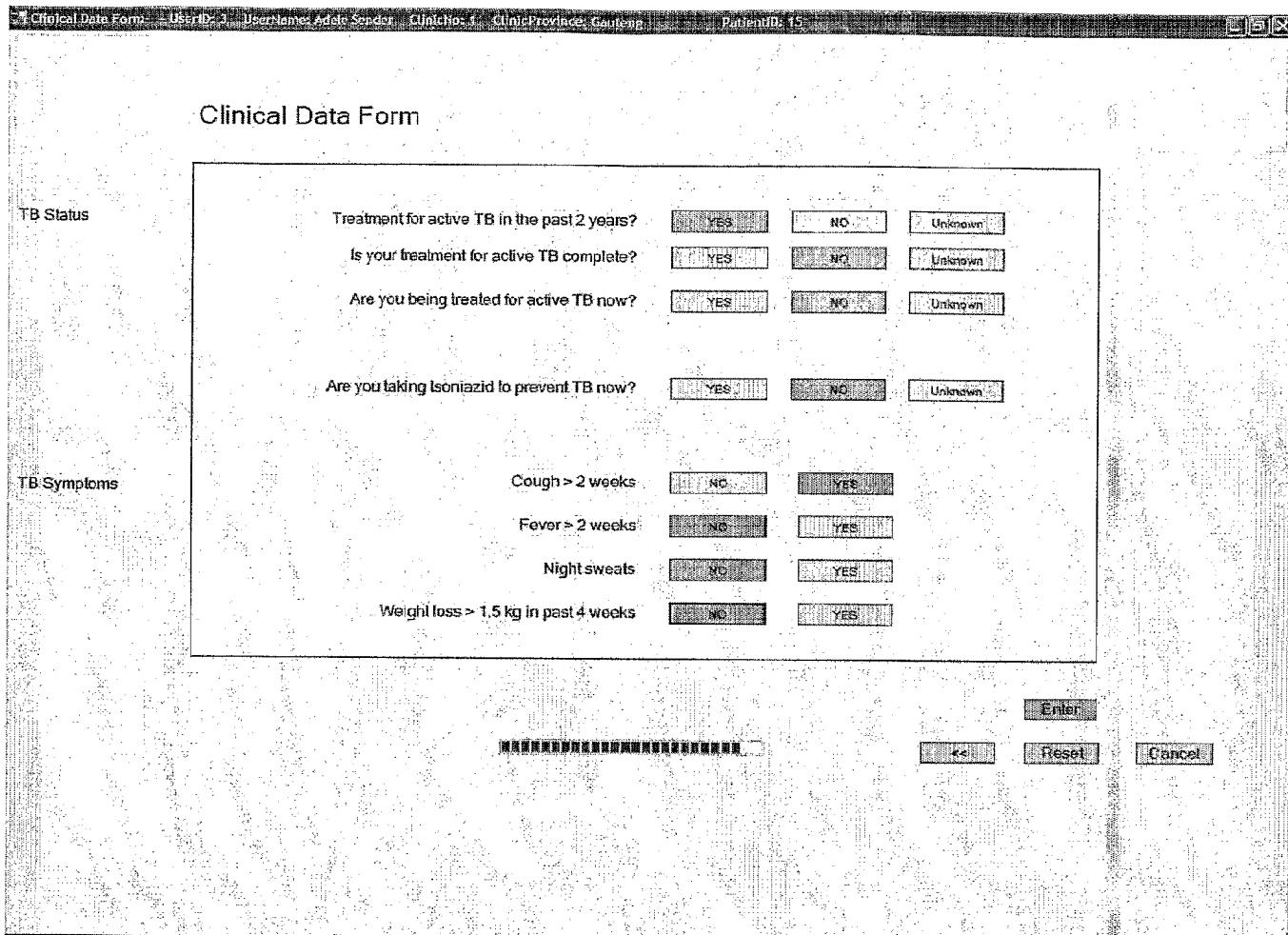


FIG. 42

DataEntry5 - UserID: 3 - UserName: Adafe Sender - ClientName: < - ClinicProvince: Galteng - PatientID: 75

HAART Prep Form

Operations

Safer Sex Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Home Work Issues Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Legal Protection Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Nutrition Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Drug Literacy Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Home Assessment Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>

FIG. 43

DataEntryLab - UserID: 3 - UserName: Adde Sender - ClinicNo: 1 - ClinicProvince: Gauteng - PatientID: #5 - Page: 1 of 1

### Labs Form

Patient ID: 15  
Previous Lab: 11/24/2004 LABS Complete: No

	Current CD4	Previous CD4	Viral Load	Liver - ALT	Hemoglobin	Neutrophils	Lipase	Creatinine	TB Skin Test	Sputum - TB	YYYY	MM	DD	Previously Ordered
Cells/mL	30	45	cm3	U/L	g/L	mm3	U/L	umol/L	Positive	Negative	2004	12	27	Not Ordered
Cells/mL	Cells/mL	Cells/mL	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	2004	11	24	Not Done

Buttons: Today's Date, Replicate Date, Reset Dates, Cancel, Error - Correct Lab Error, Request, Override.

FIG. 44

Labs Form

Patient ID:	15		
Previous Lab:	11/24/2004	LABS Complete	Override
Current CD4:	30 Cells/mL	Unknown	YYYY: 2004 MM: 12 DD: 27 Previously Ordered: Not Ordered
Previous CD4:	45 Cells/mL	Unknown	YYYY: 2004 MM: 11 DD: 24
Viral Load:	c/mm <sup>3</sup>	Unknown	
Liver - ALT:	U/L	Unknown	Not Done
Hemoglobin:	g/L	Unknown	
Neutrophils:	MM3	Unknown	
Lipase:	U/L	Unknown	
Creatinine:	umol/L	Unknown	
TB Skin Test:	Positive	Negative	Unknown
Sputum - TB:	Positive	Negative	Unknown YYYY: 2004 MM: 12 DD: 27

Lab Entered

FIG. 45

Main menu... UserID: 3 UserName: Adelle Sanders ClinicNo: 1 ClinicProvName: Gantong PatientID: 45

New Patient Existing Patient Reports Utilities

PatientID: 15 Today's Date: 2004/12/27

**Alerts:**  
 High    Medium    Low  
 Active TB - requires treatment  
 Signs of active TB

**Medication:**  
 Bactrim 2x480mg qd (standard)

**Next Appointment:**  
 Regular Scheduled 2005/01/05  
 Labs: ALT

**Healthy Living:**

**Print** **Close**

Gender: Male	Regimen: 1a
Age: 25	5 Weeks
Weight: 60 kg	
Height: 170 cm	

Current CD4: 30 Cells/mL	2004-12-27
Previous CD4: 45 Cells/mL	2004-11-24
Viral Load	
Liver-ALT	
Hemoglobin	
Neutrophils	
Lipase	
Creatinine	
TB Skin Test	
TB Sputum: Positive	2004-12-27

HIV Status: G	HAART Candidate: R	Compliance: R	Effectiveness: R
---------------	--------------------	---------------	------------------

FIG. 46

Patient Flow Analysis

PatientID	Date
15	2004/12/27

Alerts High  
Active TB - requires treatment  
Signs of active TB

Gender: Male  
Age: 25  
Weight: 60 kg  
Height: 170 cm

Regimen: 1A  
6 Weeks

Alerts Medium  
Bacitracin prophylaxis indicated

Alerts Low  
(Status:alive, unknown)  
Nutrition within normal limits

Medication  
Bacitracin 2x 400mg qd (standard)

Current CD4: 30 Cells/mL 2004-12-27  
Previous CD4: 45 Cells/mL 2004-11-24  
Viral Load:  
Liver - ALT:  
Hemoglobin:  
Neutrophils:  
Lipase:  
Creatinine:  
TB Skin Test:  
TB Sputum: Positive 2004-12-27

HIV Status	HAART Candidate	Compliance	Effectiveness
[Solid Black Box]	[Empty Box]	[Empty Box]	

MSN Messenger

andreas@Biel.com has just signed in.

FIG. 47

**Display Patient**

Creation Date	2004/12/27 12:04:45 AM	Patient ID	16
Date of Birth	1979/07/09	cm	
Height	176	kg	
Weight	60		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Do you want to be on medicine for AIDS? <input type="checkbox"/> Documented, number positive HIV tests?			
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Select <input type="checkbox"/> Print <input type="checkbox"/> Close			
AIDS-defining illness, at present or in the past? Presumptive Pneumonia - current or previous? Thrush - persistent  <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> YES <input type="checkbox"/> Unknown  Allergic to Bacitracin? Was Bacitracin Dispensed? Bacitracin Pill Count - Is patient compliant? Has patient kept 3 appointments in a row?  Pain and/or tingling in hands and/or feet?			
AIDS-defining illness, at present or in the past? Presumptive Pneumonia - current or previous? Thrush - persistent  <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> YES <input type="checkbox"/> Unknown  Allergic to Bacitracin? Was Bacitracin Dispensed? Bacitracin Pill Count - Is patient compliant? Has patient kept 3 appointments in a row?  Pain and/or tingling in hands and/or feet?			
Psychological problems, present or in the past  Has patient failed Regimen 1a Has patient failed Regimen 1b Nevirapine Resistant - proven On Nevirapine within last month?			
Treatment for active TB in the past 2 years? Is your treatment for active TB complete? Are you being treated for active TB now?  Are you taking Isoniazid to prevent TB now?			
Cough > 2 weeks Fever > 2 weeks Night sweats Weight loss > 1.5 kg in past 4 weeks			

**FIG. 48**

Appointment Evaluation Details [ ] Home Address [ ] Clinic ID [ ] State/Province/Country [ ] Patient ID [ ]

**Appointment Status**

Patient ID:  Select Print Close

HAART Regimen Start: 2004/11/24      Regimen: HAARTRegSAGov1a

Last Appointment: 2004/12/27

Weeks since HAART Initiated: 5      Next Scheduled Appointment: 2005/01/19

Patient Appointment due in 3 weeks

Procedures to be performed:

Drug Pickup  
 Education  
 Physical Exam - Doctor

Lab Tests:

ALT

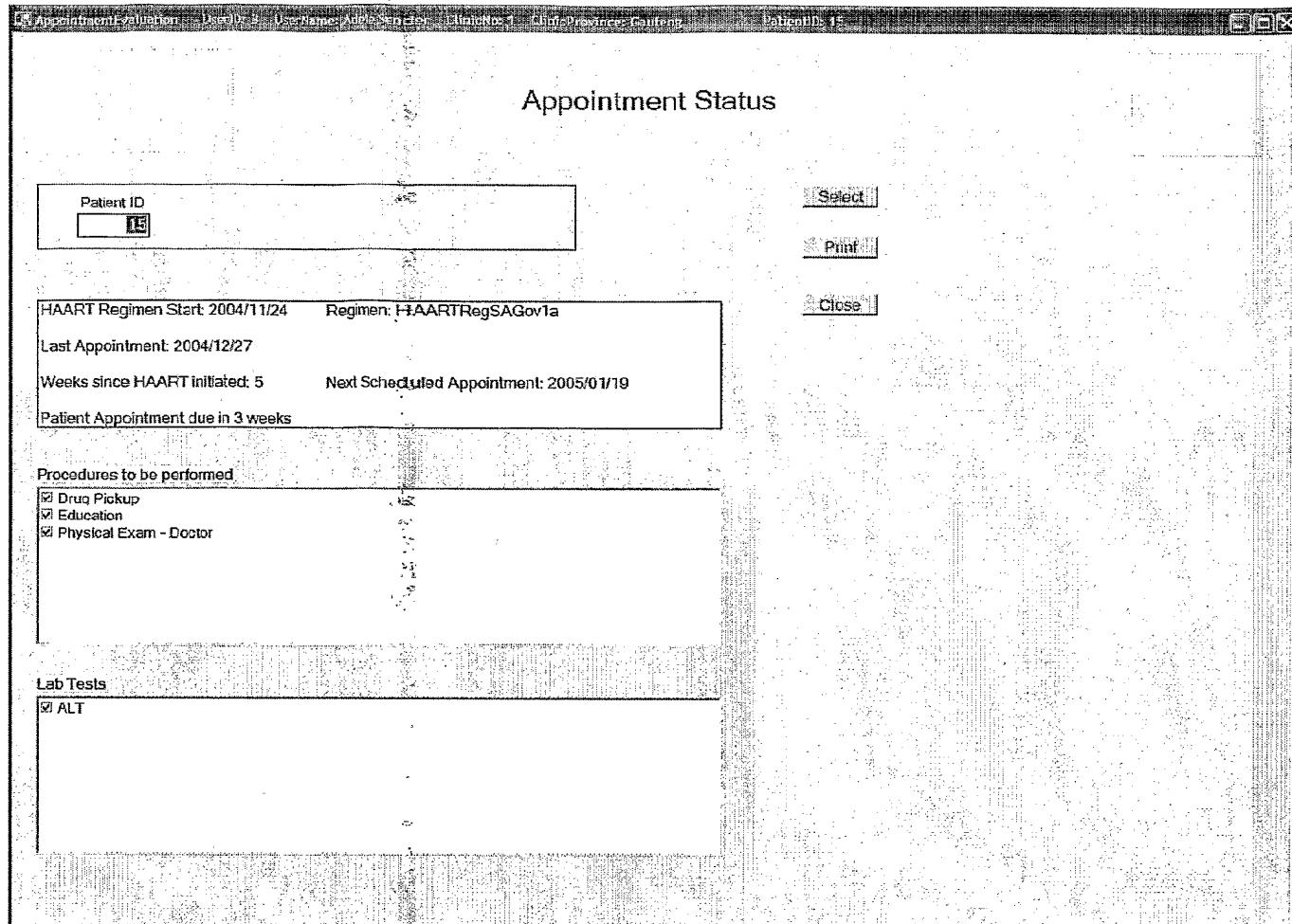


FIG. 49

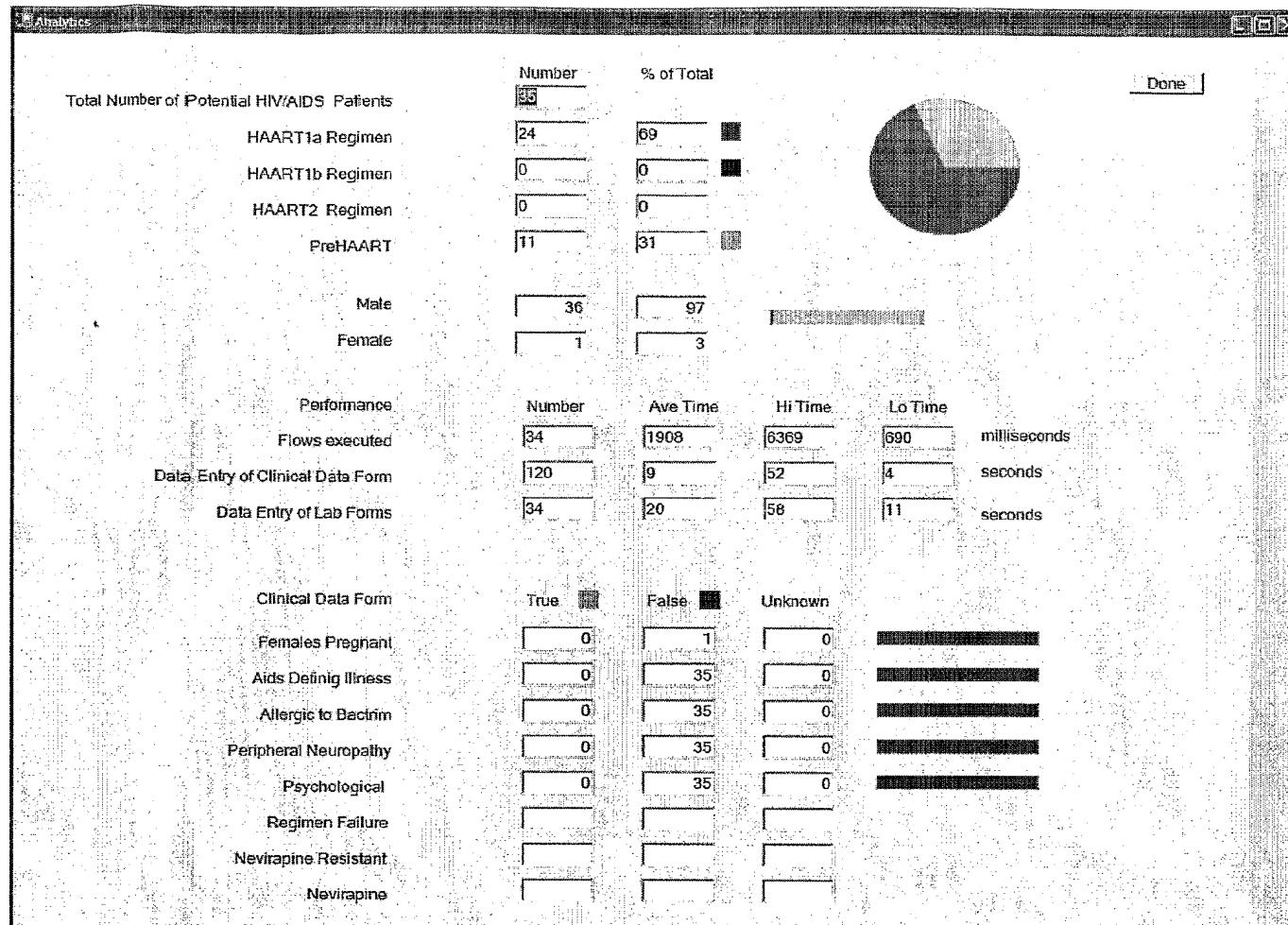


FIG. 50

PatientID: 1 12/25/2004 6:38:25 PM		
StartMainFlow	15	Gauteng - 9
DetermineAgeCategory	14	
StartSubFlow	15	DetermineAgeCategory
Age	7	25 ; >=14years
AgeCategory	11	; Adult
ReturnToMainFlow	2	
AgeCategory	7	Adult ; Adult
ClinicalDataFormComplete	7	Yes ; Yes
LabsComplete	7	Yes ; Yes
AIDSDefiningIllness	5	No ; No
Gender	7	Male ; Male
ConfirmHIVStatus	14	
StartSubFlow	15	ConfirmHIVStatus - 3
StatusGeneral	7	NoHAART ; NoHAART
HIVStatusConfirmed	7	2 ; 2
AlertReport	5	1 ; 1
HIVStatusConfirmed	7	2 ; >1
ReturnToMainFlow	2	
HIVStatusConfirmed	7	2 ; 2
Bactrim	14	
StartSubFlow	15	Bactrim - 2
PneumocystisPneumonia	5	No ; No
Thrush	5	Unknown ; Unknown
LabCD4	7	250 ; >200
CD4Previous	7	250 ; >0
Bactrim CD4 Test	7	Yes ; Yes
CD4Previous	7	250 ; >200
AlertReport	6	62 ; 62
ReturnToMainFlow	2	
StatusMalnutrition	14	
StartSubFlow	15	StatusMalnutrition
Age	7	25 ; >13years
BodyMassIndexCalculate	5	20.7612456747405 ; BMI=Weight [kg] / ((height*height)/1000) [cm]
BodyMassIndex	7	20.7612456747405 ; >=18.5
StatusNutrition	11	0 ; 0
AlertReport	6	11 ; 11
ReturnToMainFlow	2	
StatusLiver	14	
StartSubFlow	15	StatusLiver
ULN ALT = 48 U/L	15	No Value
LabALT	7	Unknown ; Unknown
StatusLiver	11	Unknown ; Unknown
AlertReport	6	6 ; 6
ReturnToMainFlow	2	
StatusActiveTB	14	
StartSubFlow	15	StatusActiveTB
TBActiveTreatmentComplete	5	Unknown ; Unknown
TBActiveTreatmentCurrent	5	No ; No
Cough > 2 weeks	5	No ; No
Fever > 2 weeks	5	Yes ; Yes
AlertMedical	6	5 ; 5
LabTBsputum	7	Unknown ; Unknown
StatusActiveTB	7	Ordered ; Ordered
AlertOperational	6	5 ; 5
ReturnToMainFlow	2	